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Secretary of State

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Mailing Address
% HERBERT W. LARSON, ESQUIRE
7981-114TH AVENUE NORTH, SUITE 406
LARGO FL 33773

DO NOT WRITE IN THIS SPACE

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0107570 | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| | | |
|----|--|-------------------|
| 81 | Name | LARSON HERBERT W. |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1199 6th St. N. |
| 83 | | |
| 84 | City | LARGO FL |
| 85 | Zip Code | 33327 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | DPV | <input type="checkbox"/> DELETE |
| NAME | GUST, DR. GISELHER | |
| STREET ADDRESS | WASMERSTR 1 | |
| CITY - ST - ZIP | HAMBURG, GERMANY 21079 | |

| | | |
|---------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | GUST, GERTRUD | |
| STREET ADDRESS | WASMERSTR 1 | |
| CITY - ST - ZIP | HAMBURG, GERMANY 21079 | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY- ST- ZIP | | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST. ZIP | | | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | | |
|---------------------|--|---------------------------------|-----------------------------------|
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gisela Gust Jan. 29, 1999 49-40-42878-2916

CR2E034 (11/98)