FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 , PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)DOCUMENT # L23075 1. Corporation Name WOOLBUSCH, INC. Mailing Address Principal Place of Business P.O. BOX 372337 P.O. BOX 372337 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3a. Date of Last Report 3. Date Incorporated or Qualified 04/24/1995 10/13/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2985057 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032. Country Country Ζip Ζıp ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BANAPOOR, SHAHROOZ 82 476 HWY A1A, STE 5 83 MELBOURNE FL 32934 85 Zip Code 84 City 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 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstalling) SIGNATURE Signature, typec or printed name of registereo agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE Addition 1. 1 TITLE TOTAL BANAPOOR, SHAHROOZ 1.2 NAME NAME 3660 Turtle mound Rd melboune fl 32984 315 E. NASA BLVD. 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY-ST-ZIP CHTY - ST - ZIP Addition Change DELETE 2. 1 TITLE THILE 2.2 NAME NAME 23 STREET ADDRESS STREET ADORESS 24 CITY-S1-ZIP CITY-ST-ZIP Change Addition FT DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST - 7/P DITY-ST-ZP Chan je Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHTY-ST-ZIP CITY - \$1 - ZIP Chan ge ■ Addition DELETE 5 1 TITLE TOLE 5.2 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 certify 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 or Block 13

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CHTY+ST-ZIP

SIGNATURE AND TYPED OR PA

SHAHROOZ BANAPOOL

4/25/96 (407)777-7528

(12/95)

**CR2E034**