SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 31 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L43262 (9)EXECUTIVE SUITES OF STUART, INC. Principal Place of Business Mailing Address 901 MARTIN DOWNS BLVD **901 MARTIN DOWNS BLVD** 1001 S.E. MONTEREY ROAD 1001 S.E. MONTEREY ROAD DO NOT WRITE IN THIS SPACE PALM CITY FL 34990 PALM CITY FL 34990 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1990 .05/01/1996 2. Principal Place of Business Applied For Mailing Address 28. 21 26 Not Applicable .65-017.1570 Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HARGARTEN, PAUL 901 MARTIN DOWNS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 R3 City Zip Code 85 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 Floriday Sych 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 Society 607.0505, fatrida Statutes. SIGNATURE Signature, typed o (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME HARGARTEN, PAUL 1.2 NAME CR2E034 901 MARTIN DOWNS BLVD. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP PALM CITY FL 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 HILE NAME CLARK, CHUCK 2.2 NAME 901 MARTIN DOWNS STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME PECK, JOHN A. 3.2 NAME STREET ADDRESS 901 BAY ROAD #101 3.3 STREET ADORESS CITY-ST-ZIP VERO BEACH FL 3 4. CITY-ST-7IP DELETE 4 1 TITLE ☐ Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z)P DELETE Change Addition TITLE 5.1 11TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 61 TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-\$1-2IP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver or invitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if plyinged, or on an attachmen with a raddress.

(4/97