FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 03 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L64362 MANNKIND ENTERPRISES, INC. Principal Place of Business Mailing Address TANNING DEN 2300 BEE RIDGE RD **SUITE 207** 2510 PARMA STREET DO NOT WRITE IN THIS SPACE SARASOTA FL 34239 SARASOTA FL 34231 3. Date Incorporated or Qualified 04/09/1990 2. Principal Place of Business Applied For 2a. Mailing Address 21 26 65-0190339 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 30 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MENDOLERA, JAMES J. 2510 PARMA STREET 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 Zip Code 11. Pursuant to office or re 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 istered 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. JAMES 23598 ENDOYERA SIGNATURE ol registered agent and title if applicable DATE required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change Addition MENDOLERA, JAMES J. NAME 1.2 NAME 2510 PARMA STREET 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE MENDOLERA, SHIRLEYA NAME 2.2 NAME **2510 PARMA STREET** STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-2IP DELETE Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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.

5.4 DITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE:

CITY-ST-2IP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

MEWOLGH

24/GP 941-916-9998

Change

Addition