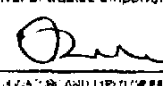


Filed on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 5/1/99	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001110 PLASPET FLORIDA, L.C. POST OFFICE BOX 2809 ORLANDO FL 32802-2809		1a. Principal Place of Business Address 215 N. EOLA DRIVE ORLANDO FL 32801			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 10/15/1996 4. FEI Number 59-3409330 5. Date of Last Report 04/21/1998	
				3a. State of Formation FL ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☐ Additional Fee Required	
7. Name and Address of Current Registered Agent WEST, BRADFORD D 215 N. EOLA DRIVE ORLANDO FL 32801			8. Name and Address of Now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		
9. Pursuant to the provisions of Sections 538.415 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Signature and Address of Registered Agent) (NOTE: Registered Agent signature required when remaining)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LILICO, DAVID	625 MCCUE ROAD		LAKELAND FL	
MGRM	VISKOVICH, LES	625 MCCUE ROAD		LAKELAND FL	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 536, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  (D LILICO) 4/29/99 991-6837911 Signature and Address of Registered Agent (NOTE: Registered Agent signature required when remaining)					