File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 JUN 16 AM 11:05 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000094 1a. Principal Place of Business Address POLITON USA, CC 3501 DEL PRADO BLVD., SUITE 303 3501 DEL PRATO BLVD., STE303 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 5620 SW 10TH AVENUE Suite, Apt. #, etc. 5620 SW 10TH AVENUE Suite, Apt. #, etc. JAN 27, 1998 FLORIDA 4. FEI Number Applied For 65-0823506 City & State City & State Not Applicable CAPE CORAL, CAPE CORAL, FL 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required LEE 33914 USA 33914 B. Name and Address of New Registered Agent/Office 7. Name and Address of Ourrent Registered Agent Name SAL J. JESUKLE SAL J. JESUELE 3501 DEL PRADO BLVD., STE 303 CAPE CORAL, FL 33904 Street Address (P.O. Box Number is Not Acceptable) 5620 SW 10TH AVENUE Zip Code 33914 CAPE CORAL 9. Pursuant to the provisions of Sections 608.416 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 bligations DATE . JUNE . 10, .. 1999_ City, State and Zip Code 10. Title Managing Members/Managers Business Street Address MGR SAL J. JESUELE 5620 SW 10TH AVENUE CAPE CORAL, FL 33914 200002922752---07/02/99--01096--006 ****188.75 ****188.75 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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 608, Florida Statutes, and that my name appears in Block 10, or on an

SAL J. JESUELE

OR PRINTED NAME OF SOURCE, MANAGER, MUNSELO OR MANAGES

JUNE 10, 1999

941-549-5652

INHSE10 R (12-98)

attachment with an address SIGNATURE: