| FILE                                  | E NOW: FIL                                |                             | FILED  |  |                         |                        |   |                        |                  |                            |                             |
|---------------------------------------|---|-----------------------------|--|--|-------------------------|------------------------|---|------------------------|------------------|----------------------------|-----------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |   |                             | <b>(4)</b>   | DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State SION OF CORPORATIONS |                         |                        | Apr   | 29 1                   | 998              | 8:0                        | )0am                        |
|                                       |   |                             | ·./  |  |                         |                        | Se  | Secretary of State     |                  |                            |                             |
| DOCU                                  | MENT #                                    | L98892                      | (7)  |  |                         |                        |   |                        | 2                |                            |                             |
| I                                     | SE HOME SEF                               |                             | (* )   |  |                         |                        |   |                        |                  |                            |                             |
|                                       |   |                             |  |  |                         |                        |   |                        |                  |                            |                             |
| Principal Plac                        |   |                             | Mailing Address                                    |  |                         |                        | 1 1004/91/1 3/0 19/9/   | FOLUSI ROBBIO DORFO II | OI OIGIL EIDIL   | U                          | A DIEN ADDE                 |
| 275 TONEY PENNA DR.<br>STE 7          |   |                             | 275 TONEY PENNA DR.<br>STE 7                       |  |                         |                        |   | O NOT WRITE            | E INI TILIO O    | PACE                       |                             |
| JUPITER FL 33458<br>US                |   |                             | JUPITER FL 33458<br>US                             |  |                         |                        | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |                        |                  |                            |                             |
|                                       | tace of Business                          |                             | 2e. Mailing Address                                |  |                         |                        | 09/06/1990<br>4. FEI Number                                   |                        |                  | Ar                         | oplied For                  |
| 21<br>Suite, Apt.                     | #, etc.                                   |                             | Suite, Apt. #, etc.                                |  |                         |                        | 65-0236961  |                        |                  |                            | ot Applicable<br>Additional |
| 22<br>City & Stat                     | 6   | 27 City & State             |  |  |                         | 5. Certificate of Stat |   |                        | Fee Re           | equired                    |                             |
| 23                                    |   |                             | 28   |  |                         |                        | 6. Election Campaig  Trust Fund Contri                        |                        |                  | Added                      | May Be<br>to Fees           |
| Zip<br>24                             | 25  | ountry                      | Zıp<br><b>29</b>                                   | 30   | ountry                  |                        | 8. This corporation of<br>Personal Property                   | Tax due June           | 30. E            | Yes [                      | tangible<br>] No            |
| KII                                   | 9. Name and A<br>NKLE, CRAIG B.           | ddress of Current F         | Registered Agent                                   |  | 81                      | Name                   | 10. Name and Addre  | as of New Re           | gletered A       | lgent                      |                             |
| 275                                   | 5 TONEY PENNA                             |                             |  |  | 82                      | Street Ad              | ddress (P.O. Box Number is                                    | Not Acceptal           | ole)             |                            | <del></del>                 |
| JUI                                   | PITER FL 33458                            |                             |  |  | 83                      |                        |   |                        |                  |                            |                             |
|                                       |   | 110                         |  |  | 84                      | City                   |   |                        | FL               | 85 Zip                     | Code                        |
| office or r                           | to the provisions of<br>egistered ag in o | e tions 607,05024           | ind 607.1508, Florida Si<br>Florida: Such change v | atutes, the  | above-                  | named c                | orporation submits this state ration's board of directors.    | ment for the p         |                  | changing it<br>pintment as | s registered<br>registered  |
| SIGNATURE                             | m familiar with                           | a cept he obligation        | ons of Section 607.0505                            | i, Florida Si  | talutes.                | 3. K                   | LINKIE JR   |                        | 1/2              | 0/5                        | 's-                         |
| 12.                                   | Signature, lyped or printe                | OFFICERS AND D              |  | (NOTE: Registe   |                         | signature re           | quired when reinstaling)  ADDITIONS/CHAN                      | GES TO OFFIC           | DATE<br>CERS AND | DIRECTOR                   | RS IN 12                    |
| TITLE                                 | DPS                                       | 10.0.10                     | ☐ DELETE   |  | TITLE                   |                        |   |                        |                  | Change                     | ☐ Addition                  |
| NAME<br>STREET ADDRESS                | KUNKLE, CRA<br>275 TONEY P                | RIGIB. JK.<br>ENNA DR STE 7 |  |  | P NAME<br>I STREET AI   | nnaess                 |   |                        |                  |                            |                             |
| CITY-ST-ZIP                           | JUPITER FL                                |                             |  |  | CHY-ST-                 |                        |   |                        |                  |                            |                             |
| TITLE<br>NAME                         | D<br>Miller, Lor/                         | VCE II                      | ☐ DELETE   |  | TITLE<br>NAME           |                        |   |                        | İ                | Change                     | ■ Addition                  |
| STREET ADDRESS                        |   | ENNA DR, STE 7              |  |  | i nevale<br>I street ac | ODRESS                 |   |                        |                  |                            |                             |
| CITY-ST-ZIP                           | JUPITER FL                                |                             |  |  | 4 CITY - ST             | ZIP                    |   | ·                      |                  |                            |                             |
| TITLE<br>NAME                         |   |                             | DELETE   |  | TITLE<br>NAME           |                        |   |                        |                  | ☐ Change                   | Addition                    |
| STREET ADDRESS                        |   |                             |  |  | STREET AL               | ODRESS                 |   |                        |                  |                            |                             |
| CITY-ST-ZIP                           |   |                             |  | 3.4  | CITY-ST-                | ZIP                    |   |                        |                  |                            |                             |
| TITLE                                 |   |                             | ☐ DELETE   |  | TITLE                   |                        |   |                        | ļ                | Change                     | Addition                    |
| NAME<br>Street address                |   |                             |  |  | 2 NAME<br>I Street al   | DRESS                  |   |                        |                  |                            |                             |
| CITY-ST-ZW                            |   |                             |  |  | CITY-ST-                |                        |   |                        |                  |                            |                             |
| TITLE                                 |   |                             | DELETE   |  | TITLE                   |                        |   |                        |                  | Change                     | ☐ Addition                  |
| NAME<br>Street address                |   |                             |  |  | NAME<br>OTDEET A        | VODE CC                |   |                        |                  |                            |                             |
| CITY-ST-ZIP                           |   |                             |  |  | STREET AC               |                        |   |                        |                  |                            |                             |
| TITLE                                 | · · · · · ·                               |                             | ☐ DELETE   |  | TITLE                   |                        |   |                        |                  | Change                     | ☐ Addition                  |

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation of the Report of the Repo

G does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in it an address