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

FILED May 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name M69972 (1) MYTHOS, INC. Principal Place of Business Mailing Address 2355 STANFORD RD. 2355 STANFORD RD. APOPKA FL 32709 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2875270 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. □ No Q. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KEMPF. FERN E 2355 STANFORD RD Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 Zip Code 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with accept the organizations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Addition Change TITLE 117006 KEMPF, FERN E. 1.2 NAME 2355 STANFORD RD. STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE KEMPF, RICHARD A. NAME 22 NAME 2355 STANFORD ROAD STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2.4 CHY-ST-7IP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - ZIP DELETE ☐ Addition TITLE 6.1 TITLE ___ Change

14. I 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 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 altachment with an address. KEMPC

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP