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

Thereby certify that the informatio indicated on this armual report of

SIGNATURE

FILED **PROFIT** Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M94491 HOKRA CORPORATION Principal Place of Business Mailing Address 707 DEL WEBB BLVD. POST OFFICE BOX 3786 SUN CITY CENTER FL 33573 APOLLO BEACH FL 33572-3788 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2912140 Not Applicable Suite Apt # etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PYLE, TERRACE F. 707 DEL WEBB BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUN CITY CENTER FL 33573** В3 Zip Code 85 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, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change KRAMER, HORST NAME 1.2 NAME CR2E034 P.O. BOX 3786 N/A STREET ADDRESS 1.3 STREET ADDRESS APOLLO BEACH FL 33572 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition NAME KRAMER, REGINA 2.2 NAME STREET ADDRESS P.O. BOX 3786 N/A 2 3 STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY- \$1- ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - S1 - ZIP

o does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 an address.

4-17-98