FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 26 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)M99164 UNITED ENTERPRISES OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address THE CASSIDY TRIAL 1613-BUTCH CASSIDY THIAL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1988 rincipal Place of Business 4. FEI Number Mailing Address Applied For 471 Street Strat 65-0075545 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing llan 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CRISCIONE, ROBERT C. Wahren feld -1015 1613 BUTCH CASSIDY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 Suite 200 WIMAUMA FL 33598 83 or of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered it, 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 and agreed to contain the state of the sta 11. Pursuant to the provis-SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change . ___ Addition CRISCIONE, ROBERT 1.2 NAME NAME **1613 BUTCH CASSIDY TRAIL** 1.3 STREET ADDRESS STREET ADDRESS WIMAUMA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ___ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS

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 outh; that I am an officer or director of the corporation of 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 attachment with an autiess.

3.4. CITY - ST-ZIP

4.4 CITY - ST - ZIP

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