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Jun 18, 1999 8:00 am
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06-18-1999 90003 011 ***150.00
07-15-1999 90020 012 ***400.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99981

1. Corporation Name
CORPLEX REALTY, INC.

Principal Place of Business	Mailing Address
6767 N WICKHAM ROAD SUITE #400 MELBOURNE FL 32940	6767 N WICKHAM ROAD SUITE #400 MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1988

4. FEI Number: 13-3483961 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8298 N. Wickham Road	26 8298 N. Wickham Road
Suite, Apt. #, etc. 22 Suite 130	Suite, Apt. #, etc. 27 Suite 130
City & State 23 Melbourne FL	City & State 28 Melbourne FL
Zip 24 32940 Country 25 US	Zip 29 32940 Country 30 US

9. Name and Address of Current Registered Agent

MARCHESO, JOSEPH J
~~6767 NORTH WICKHAM RD~~
~~SUITE 400~~
~~MELBOURNE FL 32940~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8298 N. Wickham Road
83 Suite 130
84 City: Melbourne FL 85 Zip Code: 32940

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: Joseph J. Marcheso — Joseph J. Marcheso — DATE: 06-08-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	LANDRY JR, H JOHN		1.2 NAME	Landry Jr, H. John	
STREET ADDRESS	6767 N WICKHAM RD #400		1.3 STREET ADDRESS	8298 N. Wickham Road, #130	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne FL 32940	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	LEWIS, CHARINE		2.2 NAME	Lewis Charine	
STREET ADDRESS	6767 N WICKHAM RD #400		2.3 STREET ADDRESS	8298 N. Wickham Road, #130	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne FL 32940	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCHESO, JOSEPH J.		3.2 NAME		
STREET ADDRESS	8298 N WICKHAM RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: Charine Lewis — 6-8-99 — 407 242 9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARINE LEWIS