FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # N35818

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FILED Feb 04 1998 8:00am Secretary of State

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SUCIATION, INC.						
Principal Place of Business		Mailing Address		THE PROPERTY OF THE PROPERTY O	are medel miner diffes Milbir fant	
200	. PETERSBURG FL 33715	5901 SUN BOULEVARD SUITE 203 ST. PETERSBURG FL 33715 US		 3. Date Incorporated or Qualified 12/27/1989 4. FEI Number 59-3023695 	Applied For Not Applicable	
21	Principal Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	rty & State City & State				7. Is this nonprofit corporation a homeowners association? Yes No	
24	Zip Country	29 30	untry	<i>(</i>		☐ Yes ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
5901 SW BOULEVARD #203 5999 CENTRAL AVE SUITE 104 ST. RETERORI IDG. EL 22715			82			
			83			
			84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE TIMMESFELD, DR. KARL-HEINZ 1.2 NAME NAME 5901 SUN BLVD #203 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE **EBERHARD AUTH** NAME 2.2 NAME 5901 SUN BLVD 203 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE SIEGLER, ENRICH NAME 3.2 NAME 5901 SUN BLVD #203 STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Treas/Sec. **HERMAN FUERNSCHUSS** 4. 2 NAME 5901 SUN BLVD 203 STREET ADDRESS 4.3 STREET ADDRESS ST PETERSBURG FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 900002423039 -02/06/98--01003--015 NAME 6.2 NAME

6.4 CITY-ST-ZIP ***61.25 14. Thereby 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 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS