FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

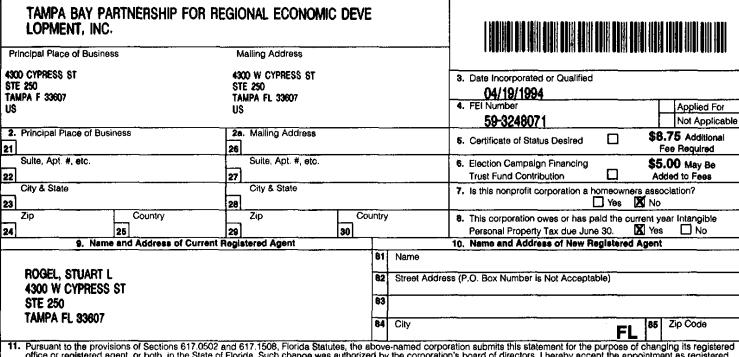
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DIVISION OF CORPORATIONS

DOCUMENT # N9400001935 (5) LOPMENT, INC.

FILED Mar 09 1998 8:00am Secretary of State



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 applied			e required when reinstating) DATE		
12.			13.			
TITLE	EDD	☐ DELETE	1.1 TITLE	DC	Change	XX Addition
NAME	ROGEL, STUART L		1.2 NAME	John A. Brabson, Jr.		
STREET ADDRESS	4300 QW CYPRESS ST		1.3 STREET ADDRESS	4300 W Cypress Street #250		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP	Tampa, FL 33607		
TITLE	CD	X DELETE	2.1 TITLE	D	Change	Addition X
NAME	DAKS, PETER A		2.2 NAME	Daniel Doyle		
STREET ADDRESS	4300 W CYPRESS ST STE 250		2.3 STREET ADDRESS	4300 W Cypress Street Suite	250	
CITY-ST-ZIP	TAMPA FL		2. 4 City-St-ZiP	Tampa FL 33607		
TITLE	810	☐ DELETE	3.1 TITLE		Change	Addition
NAME	LOFTIN, WILLIAM		3.2 NAME			
STREET ADDRESS	4300 W CYPRESS ST STE 250		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		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 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.	Λ		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Thereby certify that the information supplied with this filling 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 between additional 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 proporation or the receiver or types empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if paged, or on an attachment error in an address.

FOI HOLD