07-20-1999 90014024 -- 70.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

[redacted]

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N98000003390

1. Corporation Name
U.S. SEARCH AND RESCUE, INC.

Principal Place of Business	Mailing Address
3122 S.E. 18TH PLACE CAPE CORAL FL 33904	3122 S.E. 18TH PLACE CAPE CORAL FL 33904

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/09/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0847542 — Applied For / Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STEELE, SCOTT
~~635 LAGOON STREET~~
~~FORT MYERS BEACH FL 33931~~

10. Name and Address of New Registered Agent

81 Name: SCOTT STEELE
82 Street Address (P.O. Box Number is Not Acceptable): 3122 S.E. 18TH ST.
83
84 City: CAPE CORAL 85 FL Zip Code: 33904

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] 7-2-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHIEF EXECUTIVE OFFICER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT STEELE	1.2 NAME	
STREET ADDRESS	3122 S.E. 18TH place (CURRENT)	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	1.4 CITY-ST-ZIP	
TITLE	Vice President / Secretary ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Kimberly McNamara	2.2 NAME	
STREET ADDRESS	3122 S.E. 18TH place (Current)	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	2.4 CITY-ST-ZIP	
TITLE	President / CFO ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	Don M. Klabin	3.2 NAME	
STREET ADDRESS	18 Linden Square (Current)	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wellesley, MA 02482	3.4 CITY-ST-ZIP	
TITLE	LEGAL COUNCIL ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Joseph Denion, Esq. (current)	4.2 NAME	
STREET ADDRESS	1100 S. Orlando Ave #508	4.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, FL 32751-6465	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	TS
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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: SIGNATURE REQUIRED Scott Steele CEO 7-02-99 941-549-8679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)