FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT # P92000 0 /39/9

CITY-ST-ZIP

STREET ADORESS

TITLE NAME FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED 99 JAN 22 PM 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAROND W. WIPKE REACTY, INC. Principal Place of Business Mailing Address 2350 S. THAIRM, TR., SOITE 13A SARASOTA, FL 34231 (SAME) DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed AUGUST 24, 1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 43-0741136 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 8. This corporation owes the current year intangible Trust Fund Contribution Added to Fees Zip Country Zip Country 25 30 24 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAROLD W. WIPKE. Street Address (P.O. Box Nurghan is Not Acceptable) 5 5 2 1 1 1 1006 3206 VILLAGE GREEN DRIVE SHRASOTA, FL 34239 83 ****150.00 ****150.00 84 City 85 Zip Code FL 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. SIG (NOTE; Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRSSIPENT + TREASUNTA (D) DELETE TITLE 1.1 TITLE Change T Addition NAME 1.2 NAME MAROKO W. WIPKE 3206 VILLAGE GREEN DE. STREET ADDRES 1.3 STREET ADDRESS SAMISOTA, FL 34239 CITY-\$T-ZIF 1.4 CITY-ST-ZIP TILE VICE-PRISIDENT & SOCRETARY (D) DELETE 2.1 TITLE ☐ Change Addition NAME STIRLZY N. WIPKE 3206 VILLAGO CREEN DE SARASOTA, FL 34239 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CTTY-ST-ZIP ☐ DELETE TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3,4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 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)(f), 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 attackment with-amyaddress, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

DELETE.

SIGNATURE: ERIOR DIRECTOR 1/19/99 (941) 921-2484

Change

☐ Addition

CR2E034 (11/98