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

FILED PROFIT Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000033300 (3) DOCUMENT # STANGAP, INC. Principal Place of Business Mailing Address 19366 NW 13 ST 19366 NW 13 ST PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-04 16935 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BLUMIN, STANLEY J** 19366 NW 13TH STREET **B2** Street Address (P.O. Box Number is Not Acceptable) P-1A 83 PEMBROKE PINES FL 33029 84 City Zip Code 85 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 Limital Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fairly with, and accept the obligators of Section 607 0505. Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 THLE Change Addition TITLE BLUMIN, J. STANLEY NAME 1.2 NAME **CR2E034** 19366 N.W. 13TH ST 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 City-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE BLUMIN, ELLEN N. NAME 2.2 NAME 19386 N.W. 13TH ST STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME

14. I hereby 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 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 for on an attachment with an active's.

61 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME STREET ADDRESS

4-1698

Change

Addition