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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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FILED Apr 29 1998 8:00am Secretary of State

FERSNER, INC. Principal Place of Business Mailing Address 4255 W HUMPHREY ST #313 8344 NO ARMENIA AVE TAMPA FL 33604 **TAMPA FL 33614** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-3188233 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICKENBACKER, JOHN F III 4255 W HUMPHREY ST #313 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am trailliar with, not agreet the objections of, Section 607.0505, Florida Statutes.

SIGNATURE

Total

Signature by ed or product force of rear-stated agent and tallor advisable.

(NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TILE RICKENBACKER, JOHN F III 1.2 NAME NAME 4255 W HAMPHREY STR. APT 313 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE RICKENBACKER, M L NAME 2.2 NAME 4255 SW HUMPHREY STR, APT 313 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C/TY+ST-7/P CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETÉ Addition ∏ Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICKIATURE.