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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 16 1997 8:00am

Secretary of State

Daytime Phone I

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P93000060155 (7)

appears in Block 12 or Block 13 if changeo, or on an attachment

SIGNATURE:

BTR MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address 1610 N MYRTLE AVE 1610 N MYRTLE AVE **CLEARWATER FL 34615** CLEARWATER FL 34615-2549 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1993 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3200781 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{1}D$ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKALSKI, JOSEPH C ESQ. 13770 58TH ST. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 303 83 CLEARWATER FL 34620 84 City Zip Code 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 farmhar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE KUGLER, BRAD NAME 1.2 NAME 1610 N MYRTLE AVE STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition KUGLER, TODO NAME 2.2 NAME 1610 N MYRTLE AVE STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP THYLE DELETE 31 TITLE ☐ Change Addition KUGLER, RYAN NAME 1610 N MYRTLE AVE STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CiTY - ST - ZIP DELETE THUE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

6 4 CITY - ST - ZIP 14. I do 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 arinual 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

SIGNING OFFICER OR DIRECTOR