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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071854 (2)

FILED Jan 23 1998 8:00am Secretary of State

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| Principal Plac | e of Busines | | Ma | ailing Address | | | | • • • • • • | 1 1001/1001 110 10100 (1/1/1 05/11 00/11 00/11 67/11 10/11 1/0/71 1/0 | | | |
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| | | | | | | | | | 3. Date Incorporated or Qualified 10/11/1993 | | | |
| 2. Principal f | lace of Busi | iness | 2a. 26 | 2a, Mailing Address 26 | | | | | 4, FEI Number 65-0449413 | | plied For t Applicable | |
| Suite, Apt. | . #, etc. | | 27 | | | | | | I K Certificate of Status Desired I I T | . 75 A | dditional quired | |
| City & State | | | | City & State | | | | | | | May Be o Fees | |
| Zip | Country 25 | | 29 | Zip | 30 Cou | | ountry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | |
| | 9. Name | and Address of Curre | ent Regist | tered Agent | | | | | Name and Address of New Registered Agent | | | |
|] | GREENMAN | I, FRANKLIN D | | | | 81 | Nai | me | | | | |
| 5800 OVERSEAS HWY SUITE 40 | | | | | | | Stre | et Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| MARATHON FL 33050 | | | | | | | | | | | | |
| | | | | | | 84 | ' | | FL ⁸⁵ | Zip C | J | |
| 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | s registered registered | |
| SIGNATURE | Signature types | d or printed name of registered a | nent and title | if Applicable /NC |)If: Renist | lored And | ent sinn | Blure require | d when reinstating) DATE | | | |
| 12. | Olgrigation B, Types | OFFICERS AI | | · · · · · · · · · · · · · · · · · · · | | 3. | cint eigr | ato e require | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTOR | S IN 12 | |
| TITLE | D | | | ☐ DELETE | | 1 TITLE | | | · · · · · · · · · · · · · · · · · · · | hange | Addition | |
| NAME | KLUC | K, ROBIN C | | | 1. | 2 NAME | | | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | | T ADDRE | ss | | | | |
| CITY-ST-ZIP | MARA | THON FL 33050 | | | 1. | 4 CITY - S | ST-ZIP | | | | | |
| TITLE | | ··· | | ☐ DELETE | 2. | 1 TITLE | | | | hange | Addition | |
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| NAME | | | | | - 14 | NAME | | | | | | |
| STREET ADDRESS | | | | | | | ADDAE | 33 | | | | |
| CITY-ST-ZIP TITLE | | | | ☐ DELETE | | CITY - S | ST - ZIP | | | nange | Addition | |
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| TITLE | | <u></u> | | DELETE | 6 | TITLE | | | | nange | Addition | |
| NAME | | | | | 6. | NAME | | | | | | |
| STREET ADDRESS | | | | | 6.3 | 3 STREET | ADDRE | SS | | | | |
| CITY-ST-ZIP | | | | | | 4 CITY - S | | | Costion 119.07/3/6\ Elerida Statutos I furibar cartifu t | | | |

indicated on this annual report or supplied with this ining doos not quality 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.