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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000080510 (9) DOCUMENT # 1. Corporation Name

NEPO DEVELOPMENT SOUTH, INC.

Principal Place of Business

Mailing Address

4500 LIPSCOMB STREET, NE

FILED Jan 15 1998 8:00am Secretary of State



4500 LIPSCOMB STREET. NE PALM BAY FL PALM BAY FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3216095 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 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 ☐ Yes 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRASNY, MIKE 780 S. APOLLO BLVD. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 83 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITI F DELETE 1.1 TITLE Change ☐ Addition CRECCO, RICHARD M NAME 12 NAME 4500 LIPSCOMB ST., NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32905 CITY - ST - ZIP 1.4 CITY-ST-7IP DELETE TITLE D 2.1 TITLE Change Addition CRECCO, LISA NAME 2.2 NAME 4500 LIPSCOMB ST., NE STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 32905 CITY - ST- ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - St - ZiF

14. I 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 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.

SIGNATURE:

BURNS MCRUIT E REQUIRED

1/9/98 407-7242421

CR2E034