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

FILED Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000082150 (2) A. E. ENTERPRISES OF PINELLAS, INC. Principal Place of Business Mailing Address 11808 US 19 NORTH 11808 US 19 NORTH CLEARWATER FL 34624 CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3219049 21 26 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EPSTEIN, ARTHUR G 11808 US 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34624 **B3** 84 Zip Code ons of Sections 607/0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ont, of both, in the fitate of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in and accept the ubliquations of, Section 607.0506, Florida Statutes. 4/18/98 11. Pursuant to the provi-office or registered at agent. I am famil SIGNATURI OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE Change 1.1 TITLE EPSTEIN, ARTHUR G NAME 1.2 NAME **CR2E034** 11808 US 19 NORTH STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34624 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 in the requiremental encountry of the corporation in the requiremental encountry. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an intechment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

1813)541-4949

Addition

☐ Change