FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 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 # P9400000715 (0) CLEARWATER SHELL, INC. Mailing Address Principal Place of Business 803 MISSOURI AVE. 803 MISSOURI AVE. CLEARWATER FL 34816 CLEARWATER FL 34616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3227775 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 30 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEORGES, GEORGOS K 127 LAKEVIEW WAY Street Address (P.O. Box Number is Not Acceptable) OLDSMAR FL 34677 R3 City 84 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. Stgrature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent a gnature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition GEORGES, GEORGOS K NAME 1.2 NAME 127 LAKEVIEW WAY STREET ADDRESS 1.3 STREET ADDRESS OLDSMAR FL CITY-ST-7IP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE MAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE. MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Channe Addition TITLE 61 TITLE

6.2 NAME

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6.3 STREET ADDRESS 6.4 CITY - ST - 2IP 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 13 if oranged, or on an attachment with an address.

4-30-98

NAME

STREET ADORESS

SIGNATURE: