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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15 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 # P9400005478 (0) FUNDS UNLIMITED, INC. Principal Place of Business Mailing Address 13615 S DIXIE HWY 13615 S DIXIE HWY SUITE 478 DO NOT WRITE IN THIS SPACE MIAMI FL 33176 MIAMI FL 33176 US 3. Date Incorporated or Qualified 01/21/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0482706 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUCK, RICHARD 13720 SW 90 AVENUE #F Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 85 Zip Code 84 City ns 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida: 50ch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the obligations of School 607.0405 Florida Statutes. 11. Pursuant to the provisions of \$ office or registered agent, or bagent. I am familiar with, and SIGNATURE (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE STUCK, RICHARD NAME 1.2 NAME 13615 S DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY-ST-ZIP DELETE 3.1 TITL€ Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 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

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee entropy to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed on an attachment with an address. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP