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

Jun 10, 1999 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris **Secretary of State** ANNUAL REPORT Secretary of State 06-10-1999 90042 002 ***150.00 DIVISION OF CORPORATIONS 1999 P940000 4524 2 **DOCUMENT #** DeLancey & Associates, Inc. Principal Place of Business Mailing Address 4522 S. Lake Onlando Pkwy Saul Orlando, FL 32808-2273 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 4522 S. Luke Or lando PKWY Not Applicable 45225. Lake Orlando Pkux. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No Personal Property Tax. USA 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Richard W. De Lancey 4522 S. Lake Orlandolkwy Number is Not Acceptable) 82 Orlando, FL 32808-2273 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 627.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 agent the abligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1 1 TITLE TITLE Richard WDeLancey 1.2 NAME NAME 4522 S. Lake Or lundo PKWY 1.3 STREET ADDRESS STREET ADDRESS Orlando, FL 32808-2273 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 2.1 TITLE TITLE Vice President 4522 S. Lake Orlando Pkwy 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Orlando, FC 32808-2273 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TITLE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME

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Block 12 or Block 13 if charges of on an attachment with an activess, with all other like empowered.

SIGNATURE: XChard S. S. Cancelly Richard W. De Lancey 5/31/99 (407)291-2542

STREET ADDRESS

6.3 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in