FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045656 (3)

1. Corporation Name
DAZZLIT, INC.

Principal Place of Business
1205 BAYSHORE DRIVE NORTH
SAFETY HARBOR FL 34695

Mailing Address
1205 BAYSHORE DRIVE NORTH
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2518 C McMullen Booth Rd
22 Suite, Apt. #, etc.:
23 City & State: Clearwater FL
24 Zip: 34621
25 Country: USA

2a. Mailing Address
26: P.O. Box 305
27 Suite, Apt. #, etc.:
28 City & State: Clearwater FL
29 Zip: 34617
30 Country:

4. FEI Number: 59-3249817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SUSAN J. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 1205 Bayshore Dr. N.
83: ~~Safety~~
84 City: Safety Harbor FL 85 Zip Code: 34695

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: Susan J. Brown SUSAN J. BROWN DATE: 2/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, SUSAN J	1.2 NAME		
STREET ADDRESS	1205 BAYSHORE DRIVE NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, STEPHEN D	2.2 NAME		
STREET ADDRESS	1205 BAYSHORE DRIVE NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan J. Brown 2/27/95 813-226-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360330 CP