SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750) . PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 NOV 16 PM 4: 11 DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # Mailing Address 4441 S.W BTER. SAME DO NOT WRITE IN THIS SPACE PEIEE, 17, 33134 3. Date Incorporated or Qualified Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Ò 5. Certificate of Status Desired 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country DAP.E 25 Personal Property Tax due June 30. 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 340 Box Number is Not Acceptable) Street 82 84 MAN 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby a agent, 1 am taxiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature equired when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO the purpose of changing its registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/98)TITLE DELETE 1.1 TITLE NESTALITY LOPEL JA Change Addition [ODES 4114M 到4 and Tuas 14 B NAME 12 NAME 1000 1777 13 TEM 1 3 STREET ADDRESS STREET ADDRESS COLOL CABLES, Fl. 33134 1 4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITL 700<u>002691</u> 1<mark>1817--</mark> -01083--004 32 NAME NAN STREET ADDRESS 3.3 STREET ADDRESS *****61. *****61.25 CITY ST-ZIP 3.4. CITY-ST-ZIP Change - DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5 1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY ST - ZIP ☐ Addition TITLE DELFTE 6.1 TITLE NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP 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 setting 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 true the 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 for on an attachment with an addition. SIGNATURE: