FILE NOW: FILING FEE AFTER MAY 1 IS \$550.Q0

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 20 PM 12: 07 DOCUMENT # SEORE MARY OF STATE TALLAMASSEE HEORIDA Mailing Address Oakland Blude 3a. Date of Last Report 3. Date Incorporated or Qualified Anolied For Same as above Inot Applicable \$8.75 Additional Scite, Apl. #, etc 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent -aw firm of Lawrence J. Spiege Chartered D/B/A Amerilawyer 83 343 almeria 11. Pursuant to the provisions 67 Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar 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 in the appointment agent agen of registered agent and title if applicable when remstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 71TLE Guy M. Poirier 2805 E. Onth. 1.1 11116 1.2 NAME NAME E. Oakland Park Blud 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 500002221415--4 -06/24/97-01064-008 STREET ADDRESS 23 STREET ADDRESS 2 4 CHY- \$1-ZIP CITY-ST-ZIP REPORT OF THE REPORT OF THE PROPERTY OF THE PR DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1- ZIP DELETE Change Addition TITLE 4.1 TiTLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CrTY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TILLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 613/116 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS G 4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby cortify that the information semplicit 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in an attackment with an address appears in Block 12 or Block SIGNATUR