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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P94000059748 (1) DOCUMENT # J.E. MARCELLE ENTERPRISES, INC. Principal Place of Business Mailing Address 700 JOHN RHODES BLVD 700 JOHN RHODES BLVD. SUITE B-8 SUITE B-8 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32901 MELBOURNE FL 32001 3. Date Incorporated or Qualified 08/08/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3258167 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 2909 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HEINKEL, R. LAWRENCE 201 W. CANTON AVE., #150 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32709 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TIFLE Change MARCELLE, JUNE E. NAME 1.2 NAME C/O 700 JOHN RHODES BLVD., B-8 STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TIFLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TF LE

STREET ADDRESS

63 STFEET ADDRESS

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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 employeed 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.

3.2 N/.ME

4.1 THLE

4. 2 NAME 4.3 STREET ADDRESS

5 1 TITLE

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3.3 STREET ADDRESS

3 4. CITY - ST - ZIP

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5.3 STREET ADDRESS

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SIGNATURE:

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/98

725-2450 Daylor e Prione 0106108

Change

Change

Change

Addition

Addition

Addition

FILED

May 18 1998 8:00am

Secretary of State

CR2E034 (10/97)