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 -6 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060018 (6)

1. Corporation Name
SIRVON, INC.

800001423078
-03/07/95--01091--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~2940 SOUTH TAMIAMI TRAIL~~ ~~SARASOTA FL 34239~~	~~2940 SOUTH TAMIAMI TRAIL~~ ~~SARASOTA FL 34239~~

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9004 Midnight Pass Road	26 9004 Midnight Pass Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, Florida	City & State 28 Sarasota, Florida
Zip / Country 24 34242 / 25 USA	Zip / Country 29 34242 / 30 USA

4. FEI Number: 65-0515036 ☐ 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	10. Name and Address of New Registered Agent
JUDD, STEVEN H 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: James P. Von Hubertz 2/22/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1, 2, 3)	
TITLE	D	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	~~JUDD, STEVEN H~~	1.2 NAME	James P. Von Hubertz
STREET ADDRESS	~~2940 SOUTH TAMIAMI TRAIL~~	1.3 STREET ADDRESS	9004 Midnight Pass Road
CITY-ST-ZIP	~~SARASOTA FL 34239~~	1.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE		2.1 TITLE	S/D ☐ Change ☒ Addition
NAME		2.2 NAME	Gail Ferrulli
STREET ADDRESS		2.3 STREET ADDRESS	1540 Smith Drive South
CITY-ST-ZIP		2.4 CITY-ST-ZIP	South Hold, NY 11971
TITLE		3.1 TITLE	T/D ☐ Change ☒ Addition
NAME		3.2 NAME	Victor Ferrulli
STREET ADDRESS		3.3 STREET ADDRESS	1540 Smith Drive South
CITY-ST-ZIP		3.4 CITY-ST-ZIP	South Hold, NY 11971
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: James P. Von Hubertz 2/22/95 (813) 349-5556
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #