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

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P94000072801 (1) DOCUMENT # JAMES F. SOLLER & ASSOCIATES, INC. Principal Place of Business Mailing Address 901 VENETTA BAY BLVD 901 VENETIA BAY BLVD SUITE 220 SUITE 220 DO NOT WRITE IN THIS SPACE VENICE FL 34292 VENICE FL 34292 3. Date Incorporated or Qualified 10/04/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 101 W. VENICE WE 101 W. YENICE AVE 65-0529618 Not Applicable Suite, Apt. #. e Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 SAPASOTA 29 3428
Name and Address of Current Registered Agent □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name MACRIS, STEVEN W 609 SOUTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 **VENICE FL 34285** 83 84 City Zip Code 85 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

SIG THES T of registered agent and title if applicat (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change ☐ Addition TITLE 1.1 TITLE **SOLLER, JAMES F** 1.2 NAME NAMI CR2E034 ere W. Miami ave. |O| W. Yence ave 1.3 STREET ADDRESS STREE ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

941-488-0453

3/27/9.Y

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 indicate of the corporation of the receiver of trustee empowers.

STREET ADDRESS CITY-ST-ZIP