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 MAY -1 PM 6: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084843 (9)

1. Corporate Name
SEALION USA, INC.

Principal Place of Business	Mailing Address
4715 N. HALE TAMPA FL 33614	4715 N. HALE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2000 Executive Rd.
22 Suite, Apt. #, etc.
23 City & State: Winter Haven Fl.
24 Zip: 33884 25 Country: Polk

2a. Mailing Address
26 2000 Executive Rd
27 Suite, Apt. #, etc.
28 City & State: Winter Haven Fl.
29 Zip: 33884 30 Country: Polk

4. FEI Number: 59-3279007 ☐ 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
BRANDENBERGER, BRUNO 4715 N. HALE TAMPA FL 33614	81 Name: Bruno Brandenberger 82 Street Address (P.O. Box Number is Not Acceptable): 2000 Executive Rd 83 84 City: Winter Haven FL 85 Zip Code: 33884

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 [signature] (Bruno Brandenberger) 04-30-95
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P, T ☒ Change ☐ Addition
NAME	SCHOEPF, WALTER	1.2 NAME	
STREET ADDRESS	4715 N. HALE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D, VP, S ☒ Change ☐ Addition
NAME	BRANDENBERGER, BRUNO	2.2 NAME	
STREET ADDRESS	4715 N. HALE	2.3 STREET ADDRESS	2000 Executive Rd
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	Winter Haven Fl 33884
TITLE		3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	Albert Meyer
STREET ADDRESS		3.3 STREET ADDRESS	2000 Executive Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Haven Fl. 33884
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(1)(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: [signature] (Walter Schoepf) 04-29-95 (813)325 4922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206774 CP