FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED AND FILED
95 APR -7 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093610 (1)

1. Corporate Name
SUCCESS UNLIMITED, INC.

Principal Place of Business	Mailing Address
4113 HEARTHSTONE DR. SARASOTA FL 34238	4113 HEARTHSTONE DR. SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 13910 N. Dale Mabry Hwy	26 13910 N. Dale Mabry Hwy
Suite, Apt. # etc. 22 Suite One	Suite, Apt. # etc. 27 Suite One
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33618 · Country 25 USA	Zip 29 33618 · Country 30 USA

4. FEI Number: 65-0546977 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. ☐ — $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
SANDERS, WALTER 13910 N. DALE MABRY HWY SUITE ONE TAMPA FL 33618	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 [signature] Date 3/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES	
TITLE	D	1 TITLE	D ☒ Change ☐ Addition
NAME	CASHMAN, ANN	1 NAME	Ann Cashman
STREET ADDRESS	4113 HEARTHSTONE DR.	1 STREET ADDRESS	13910 N. Dale Mabry Hwy Suite One
CITY ST ZIP	SARASOTA FL 34238	1 CITY ST ZIP	Tampa, Fl 33618
TITLE	D	2 TITLE	D ☒ Change ☐ Addition
NAME	CASHMAN, RON	2 NAME	Ron Cashman
STREET ADDRESS	4113 HEARTHSTONE DR.	2 STREET ADDRESS	13910 N. Dale Mabry Hwy Suite One
CITY ST ZIP	SARASOTA FL 34238	2 CITY ST ZIP	Tampa, Fl 33618
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 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: Ann Cashman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-31-95 — 813-980-2013

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