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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014 79

1. Corporation Name
FLORIDA LIPID ASSOCIATES INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01-06-1995

2. Principal Place of Business
21 222 S Westmonte Dr
Suite, Apt #, etc.
22 Ste 101
City & State
23 Altamonte Springs FL
Zip 24 32714 Country 25 USA

2a. Mailing Address
26 P.O. Box 150127
Suite, Apt #, etc.
27
City & State
28 Altamonte Springs FL
Zip 29 32715 Country 30 USA

4. FEI Number: 59-3292015 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Berry, Nancy
82 Street Address (P.O. Box Number is Not Acceptable): 222 S Westmonte Drive
83 Ste 101
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Nancy Berry (Signature, typed or printed name of registered agent and title if applicable) — Nancy Berry (NOTE: Registered Agent signature required when reinstating) — DATE: 05-01-98

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Berry, Nancy	
1.3 STREET ADDRESS	222 S Westmonte Drive Ste 101	
1.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	Ziajka, Paul	
2.3 STREET ADDRESS	1315 S Orange Ave Ste 3B	
2.4 CITY-ST-ZIP	Orlando FL 32806	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Graves, Fred	
3.3 STREET ADDRESS	3900 University Blvd S	
3.4 CITY-ST-ZIP	Jacksonville FL 32216	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	Klancke, Kim	
4.3 STREET ADDRESS	695 N Clyde Morris Blvd	
4.4 CITY-ST-ZIP	Daytona Beach FL 32114	
5.1 TITLE	TD	☐ Change ☒ Addition
5.2 NAME	Horowitz, Barry	
5.3 STREET ADDRESS	1411 North Flagler Dr Ste 4600	
5.4 CITY-ST-ZIP	West Palm Beach FL 33401	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***150.00

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 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: Nancy Berry — Nancy Berry — 05-01-98 — (407)7747880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)