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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005891 (3)

FILED Apr 14 1998 8:00am Secretary of State

ARGONAUTS, INC. Principal Place of Business Mailing Address 12283 SW 129TH CT. 12283 SW 129TH CT. **MIAMI FL 33186** MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0553171 Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SMITH, HENRY J 12283 SW 129TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 **B4** City Zip Code 11. Pursuant to the provisions of Sociions 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. Change X Addition TITLE 1.1 11746 SMITH, CRAIG B 1.2 NAME NAME 2940 LEAFWOOD DR. STREET ADDRESS 1.3 STREET ADDRESS MARIETTA GA 1.4 CITY - ST - ZIF CITY-ST-ZIP Addition DELETE TITLE 211/11/19 # SMITH, HENRY I. SMITH, HENRY J 2.2 NAME NAME APT 2-B. 2901 S. BAYSHORE DR., APT. 2-B STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33133 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE. 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STHEFT ADDRESS STREET ADDRESS 3 4. CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAMI NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-ZIP

14. Thereby 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 suppliemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it change does not an attachnor miting an address.

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4/4/98 35-22-866