FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP 16 AM 8:51 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06610 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible 25 30 ĎNo. 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 В3 85 35982 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 stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Addition 11TILE TITLE atnet Jilliam L 12 NAME NAME CR2E034 28605 Tones 6009 STREET ADDRESS CITY-ST-ZF 1.4 CITY-ST-ZIF DELETE Change ☐ Addition TITLE 21 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z# 2.4 CITY-ST-Z# ☐ Addition DELETE Change TIFLE 31TM F 000002992210---09/21/99--01029--018 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ####550,00 DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP DELETE Change ☐ Addition Tatle 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE 1 Additi 62 NAME NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TLEST DIAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIF

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 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 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, at on an attachment with an address, with all other like empowered. 230-330