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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000010639 (9)**

1. Corporation Name

SRI MEDITERRANEAN ENTERPRISE, INC.

Principal Place of Business	Mailing Address
2104 WEST HILLS AVENUE. UNIT 301 TAMPA FL 33606	2104 WEST HILLS AVENUE. UNIT 301 TAMPA FL 33606

3. Date Incorporated or Qualified: 02/08/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 6301 S WESTSHORE BLVD	26 6301 S. WESTSHORE BLVD
Suite, Apt. #, etc. 22 1222	Suite, Apt. #, etc. 27 1222
City & State 23 TAMPA FL	City & State 28 TAMPA, FL.
Zip / Country 24 33616 / 25	Zip / Country 29 33616 / 30

4. FEI Number: 59-3295456 ☐ 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: THOMAS P SCHULTZ
82 Street Address (P.O. Box Number is Not Acceptable): 6301 S. WESTSHORE BLVD
83: #1222
84 City: TAMPA FL 85 Zip Code: 33616

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: Thomas P Schultz THOMAS P. SCHULTZ PRESIDENT 5-1-96
(Signature, typed or printed name of registered agent — Required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHULTZ, THOMAS P 2104 WEST HILLS AVENUE, UNIT 301 TAMPA FL 33606	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P SCHULTZ THOMAS P 6301 S. WESTSHORE BLVD #1222 TAMPA FL 33616	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(k), 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: Thomas P Schultz THOMAS P SCHULTZ 5-1-96 (813)931-5089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)