FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000011007 (8) TO-JESS, INC. Principal Place of Business Mailing Address 1020 JOAN PL. 1020 JOAN PL. ORLANDO FL 32004 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1995 2. Principal Place of Business 2a, Mailing Address Applied For 4. FEI Numbe 21 59-3313902 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAGAN, JESUS JR. 1020 JOAN PL. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 R4 City Zin Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typica or printed numic of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DITTE Change TITLE 1.13(1)6 NAME PAGAN, JESUS JR. 1.2 NAME 1020 JOAN PL. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 1.4 C(1Y - ST - 7)P CITY-ST-ZIP DELETE TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE 3.1 1111.F 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE TITLE 4.1 THILE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

FILED Jun 09 1998 8:00am Secretary of State



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STREET ADDRESS \*\*\*150,00 CITY-ST-ZIP 14. Thereby certify mat the information supplied with this filting indicated on the annual report or supplemental acquait repofficer or director of the coupration or the receiver or truster. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information ort or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pration or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.4 CHY-ST-7/P

5.4 CHY-ST-7/P

5.1 TITLE

5.2 NAME 5 3 STHEET AUDRESS

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STREET ADDRESS

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