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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000011016 (9)

FILED May 04 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1995 Applied For 65-0552335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 29 30 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 DIRUSSO, SHIRLEY 2363 CORAL POINT DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33990 83 64 City 85 Zip Code 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 Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DIRUSSO, DONALD NAME 1.2 NAME 2363 CORAL PT DRIVE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE DIRUSSO, DONALD 2.2 NAME 2363 CORAL PT DRIVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-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 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 exempte this report as 1 guild by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or, or an attachment with an address.

SIGNATURE:

Sheller Si Russo

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