FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretart of Stare 1996 DIVISION OF CORPORATIONS P95000014551 (2) **DOCUMENT # NAAMAN CORPORATION** Principal Place of Business Mailing Address 660 HEMPSTEAD AVENUE 660 HEMPSTEAD AVENUE ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for inte under's 199,032 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo LUSK, DAVID C 82 Street Address (P.O. Box Number is Not Acceptable) 660 HEMPSTEAD AVENUE ORLANDO FL 32803 83 84 City 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 and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or per testinance of registeres lagest and tilk if application (NoTE Abgelie of Agent's gridlering modifymer renstating) 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROMITE TITLE DELETE 1 1 THE Change Addition DAVID G. LUSK NAME 12 NAME GEO HEMPSTEAD AND STREET ADDRESS 1.3 STREET ADDRESS ORIGIDA PLBAGOS-6450 CITY - ST - ZIP 1.4 CITY - \$T - ZIP TITLE DELETE 2 3 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-ZIP 2.4 CITY-ST ZIP TITLE DELETE 3 1 TITUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CiTY ST-ZiP TITLE DELETE 4 1 THELF Change Addition NAME 4.2 NAME STREET ADDRESS **200001798862** -04/29/96--01062--016 4.3 STREET ACKIRESS CITY - ST - ZIP 4.4 CITY - ST - 7:P TITLE DELETE ***200.00 5 1 7 TLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST ZIP TITLE DELETE 6 1 TH F Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZiP 14. I do hereby certify that the information supplied with this filing is vocuntarily 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 certify that I am an officer or dispersion of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE

DAVID C. LUSK

men**y** with an address