FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DOCUMENT # Principal Place of Business 150 FORTENBERRY Rd. VILLAE Merrity Island, FL. 32952 3a. Date of Last Report 3. Date Incorporated or Qualified MAY 4, 1925 2. Principal Place of Business Applied For 2a. Mailing Address . 59-3321800 Not Applicable 21 26 Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Satus Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yoo Country 25 Sevaro 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 150 Furtenberry 83 METRIT ISLAND FL. 32952 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. 4-26-96 Straw W Velevanis - Steven W. WMANNAIS
Strawe, toped of prin or rane of registered agent and life if any licable
NOTE Registered Agent significant SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 TITLE 1. 1 TITLE Robert W. CA iteven W. Valavanis NAME 1.2 NAME Vハハロ ビ 160 portenberry RD 150 Forrenberry STREET ADDRESS 1.3 STREET ADDRESS スレリジン Merritt Isl 1.4 CITY-ST-ZIP Merritt Isl CITY-ST-ZIP Change Addition Disan 2. 1 TITLE TITLE iason S. Valavanis 2.2 NAME NAME **VIIIa** E 150 Fortenberry RD 2.3 STREET ADDRESS STREET ADDRESS MENTITY ISland FL. 32952 2.4 CITY - ST-ZIP CITY-ST-ZIP 3 1 THTLE Change ☐ Addition TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP C:TY-ST-ZIP DELETE Change Addition 4 1 TOTLE TITLE 4.2 NAME NAME 800001806228 4.3 STREET ADDRESS STREE! ADDRESS -05/03/96--01019--006 CITY - ST - ZIP 4.4 CITY - ST - ZIP ***200<u>-0</u>0 DELETE ☐ Change Addition 5. 1 TITLE THILE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE □ DELETE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 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

CR2E034 (12/95)

SIGNATURE: Steven W Valavanis 4-26-96 (407)459-3994