PROFIT FLORIDA DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 NOV 17 PM 3: 12 P95000044428 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA SUNTRUST SOUTH INC. LALE MARY, PY3D746 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifi 28. Mailing Address 26 P.O. BOX 953365 4. FEI Number 2. Principal Place of Business Applied For 21 Not Applicable Suite Ant # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be <u>CAILE</u> 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ÜSA Personal Property Tax due June 30. X Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name R. RAJABIAN 82 Street Address (P.O. Box Number is Not Acceptable) 290 MORNING GLORY DR. 83 LAKE MARY, FL 32746 84 City 85 Zip Code FĹ 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 NOTE Registered Agent signature required when reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE TITLE 11 TITLE ☐ Change VAHID R. RAJASIAN NAME 1 2 NAME 200002691632---11/19/98--01074--006 290 MOL NING GLONY STREET ADDRESS 1.3 STREET ADDRESS #***150.00 | ****150.00 | Change | C. Addition CITY - ST - ZIP 1 4 CITY - ST - ZIP TITLE 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE ☐ Change ☐ Addition 41 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS I hereby 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 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. 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for 10/17/98 (407)324-172 SIGNATURE: LAHID