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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13, 1998 8:00 am Secretary of State

Juliann M Perrigo 4/08

1998

SIGNATURE:

DOCUMENT # P95000048619 (7)

CORPORATE STYLE, INC.

Principal Place of	f Business	Mailing Address							
1213 RIVER ST BLOUNTSTOWN I US	FL 32424	1213 RIVER ST BLOUNTSTOWN FL 32424 US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporate	ed or Qualified			
A Driver at Bloom	o of Business	2a. Mailing Address			06/22/1995 4. FEI Number			- I Ar	plied For
2. Principal Place	ARRISON AVE	26 213 HAR	RISO	N AVE	, ,	2		_ 	t Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.	NIJO	10 / 100	<u> </u>	ა		\$8.75	
22 Suite, Apt. #, €	etc.	27			5. Certificate of Sta	itus Desired	Ш	Fee Re	
City & State 23 PANM	MA CITY FZ	City & State PANAMA	(17)	1 FL	6. Election Campai Trust Fund Cont	-		\$5.00 Added	
Zip Za L	Country	Zip	Coùr	ntry	8. This corporation		\		
24 024	fO (25)	29 32401	30		Personal Proper				_ No
	Name and Address of Current	Registered Agent		<u>aal</u>	10. Name and Add	ress of New He	gistered A	gent	
PERRI	IGO, JULIANN M			81 Name	PERRIGO_JI	ILIA-NN	M		
175 G	EULF HIGHLANDS BLVD		Ī	82 Street	Address (P.O. Box Number	is Not Acceptab	ole)	_	
PANAI	MA CITY BEACH FL 32407		ļ		13 HARKISO	NHE			
				83					
			F	84 City				85 Zig	Code
				ن أ	PANAMA CIT	<u> </u>	<u>FL</u>	I I /	Z9 01_
11. Pursuant to the	he provisions of Sections 607.0502 stered agent, or both, in the State of	and 607.1508, Florida Statute f Florida, Such change was a	es, the ab	ove-named	corporation submits this sta poration's board of directors	atement for the p i. I hereby accer	ourpose of contract the appointment	changing ii intment as	is registered registered
agent, i am f	ismiliar with and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	utes.	50, 41,0,, 6 504. 2 0, 4	,,			_
	armos man, and decept me oblige.								
_	armar man, and accept me conger								
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NOT		1 Agent signature	e required when reinstating)		DATE	DECTOR	20 11 40
SIGNATURE Sign	nature, typed or printed name of registered agent	DIRECTORS	13.		required when reinstating) ADDITIONS/CHA	NGES TO OFFIC	ERS AND		
SIGNATURE Sign 12. TITLE	nature, typed or printed name of registered agent OFFICERS AND				ADDITIONS/CHA		ERS AND	DIRECTOR Change	RS IN 12
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