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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| ⊢   |                              | 1330            |  |                                       | ····                                  |              |                   |                 | 4   |                          |                                 |                   |                       |     |
|---|------------------------------|-----------------|--|---------------------------------------|---------------------------------------|--------------|-------------------|-----------------|---|--------------------------|---------------------------------|-------------------|-----------------------|-----|
| ַן  | OCUI                         | MENT            | # P9500  | 00048                                 | 886 (2                                | )            |                   |                 |   |                          |                                 |                   |                       |     |
| '   |                              |                 | UCTION OF SOL  |                                       |                                       | •            |                   |                 | 1   |                          |                                 |                   |                       |     |
| 1   | 1, W 1,                      | JU10111         |  | , , , , , , , , , , , , , , , , , , , | IIIV'                                 |              |                   |                 |   | ) <b>11111 1111 1111</b> | 1811) <b>(1</b> 11) <b>(11</b>  | )A) 1818) (B)B) H | IHE ONL HOLD          |     |
|   |                              |                 |  |                                       |                                       |              |                   |                 |   |                          |                                 |                   |                       |     |
| Principal Place of Business Mailing Address             |                              |                 |  |                                       |                                       |              |                   |                 |   | a Stiff Affili Shiff     | 001(1 <b>64</b> (1) <b>9</b> )9 | EL 18191 (819)    | ing Am (AA)           |     |
|   | 8885 RAMBLI                  | ewood driv      | Æ  |                                       | 4401 SHERIDAN STREET                  |              |                   |                 |   |                          |                                 |                   |                       |     |
|   | STE. 2113<br>CORAL SPRII     | NGS FL 3307     | 9  |                                       | BOX 211<br>HOLLYWOOD FL 33021<br>US   |              |                   |                 | DO NOT WRITE IN THIS SPACE                          |                          |                                 |                   |                       |     |
|   | US                           | 100 / 2 000     | •  |                                       |                                       |              |                   |                 | 3. Date Incorporated or Qualified                   |                          |                                 |                   |                       | ٦   |
| L   |                              |                 |  |                                       |                                       |              |                   |                 | 06/12/1995  |                          |                                 |                   |                       | j   |
| 2. Principal Place of Business                          |                              |                 |  | h1                                    | 2a. Mailing Address                   |              |                   |                 | 4. FEI Number                                       |                          |                                 | <del></del>       | oplied For            | 4   |
| Suite, Apt. #, etc.                                     |                              |                 |  | 26]                                   | Suite, Apt #, etc.                    |              |                   |                 | 65-058635   | 4                        |                                 |                   | ot Applicable         | 4   |
| Suite, Apr. #, etc.                                     |                              |                 |  | <u> </u>                              | 27                                    |              |                   |                 | 5. Certificate of Sta                               | tus Desired              |                                 |                   | Additional<br>equired |     |
| City & State  |                              |                 |  |                                       | City & State                          |              |                   |                 | 6. Election Campai                                  | nn Financino             |                                 |                   | May Be                | ┪   |
| 23  | <b>~</b>                     |                 |  | 28                                    | <u></u>                               |              |                   |                 | Trust Fund Contr                                    |                          |                                 |                   | to Fees               |     |
|   | Zip                          |                 | Country  | Zip                                   | )                                     | _            | untry             | ,               | 8. This corporation                                 | -                        |                                 |                   |                       | 7   |
| 24  |                              |                 | 25 Address of Curr                                   | 29                                    | d Agont                               | 30           | _                 | <del></del>     | Personal Propert                                    |                          |                                 |                   | No                    | 4   |
| 9. Name and Address of Current Registered Agent         |                              |                 |  |                                       |                                       |              | B1                | Name            | 10. Name and Addi                                   | das UI NOW H             | edisteled                       | våeur.            |                       | 4   |
| WINTERS, SEAN W. 8885 RAMBLEWOOD DRIVE                  |                              |                 |  |                                       |                                       |              | Ĺ                 |                 |   |                          |                                 |                   |                       | 4   |
| STE. 2113   |                              |                 |  |                                       |                                       |              | 82                | Street A        | ess (P.O. Box Number                                | s Not Accepta            | ible)                           |                   |                       | 1   |
| ]   |                              |                 | NGS FL 33071   |                                       |                                       |              |                   |                 |   |                          |                                 |                   |                       | 1   |
| 1   |                              |                 |  |                                       |                                       |              | 84                | City            |   | <del></del>              | <del></del>                     | <b>85</b> Zip     | Code                  | 4   |
| L   |                              |                 |  |                                       |                                       |              |                   |                 |   |                          | FL                              | .     `           |                       |     |
| 11  | Pursuant to     office or re | to the provisi  | ions of Sections 607.05<br>ient, or both, in the Sta | i02 and 607.1<br>le of Florida. S     | 508, Florida Statu<br>Such change was | ites, the a  | bove              | e-named o       | oration submits this sta<br>on's board of directors | tement for the           | purpose o                       | f changing i      | ts registered         | 1   |
|   | agent. I a                   | m familiar wi   | th, and accept the obli                              | gations of, So                        | ction 607.0505, F                     | lorida Sta   | tutes             | 3.              | on a board or an obtain                             | 11101007 000             | opt to opp                      | JOHN MICH.        | - oglotoras           | ł   |
| SI  | IGNATURE                     | Signature typed | or printed name of registered a                      | cent and tille if and                 | obcabile (NC                          | TE Bagistere | nd Age            | ent signature r | ed when reinstating)                                |                          | DATE                            |                   |                       |     |
| 12  |                              | * *******       |  | NO DIRECTO                            | RS                                    | 13.          |                   |                 | ADDITIONS/CHAI                                      | IGES TO OFF              |                                 | DIRECTOR          | RS IN 12_             | ] { |
| Til   | ILE                          | PD              |  |                                       | DELETE                                | 1.1 To       | ITLE              | T               | , , , , , , , , , , , , , , , , , , ,               |                          |                                 | Change            | ☐ Addition            |     |
| NAME WINTERS, SEAN W.                                   |                              |                 |  | 1.2                                   |                                       |              | i                 |                 |   |                          |                                 |                   | 2                     |     |
| STREET ADDRESS 8885 RAMBLEWOOD DRIVE & CORAL SPRINGS FL |                              |                 | #2113  | 2113                                  |                                       |              | ADDRESS           |                 |   |                          |                                 |                   | ĬŽ                    |     |
| _   | TY-ST-ZIP                    | VT              | offinuo fl   |                                       | DELETE                                |              |                   | T-ZIP           | _ <del></del>                                       |                          |                                 | Change            | Addition              | -∤ģ |
| 1   | rle<br>Me                    | - •             | RS, NICOLE L.  |                                       | L VILLE                               | 2.1 7        |                   |                 |   |                          |                                 | □1 cuange         | L ADDITION            | 1   |
| 1   | REET ADDRESS                 |                 | AMBLEWOOD DRIVE                                      | #2113                                 |                                       | 2.2 N        |                   | ADDRESS         |   |                          |                                 |                   |                       | 1   |
| CITY-ST-ZIP CORAL SPRINGS FL                            |                              |                 |  |                                       |                                       |              | ADURESS<br>ST-ZIP |                 |   |                          |                                 |                   |                       |     |
| _   | LE                           | 5               |  |                                       | DELETE                                | 3.1 T        |                   |                 |   |                          |                                 | Change            | Addition              | 7   |
| N/A   | ME ]                         |                 | n, shellie   |                                       |                                       | 3.2 N        | 3MA               | Ì               |   |                          |                                 | -                 |                       |     |
| ST  | REE1 ADDRESS                 |                 | AST MISSIONWOOD                                      | CIRCLE                                |                                       | 3.3 S        | TREET             | ADDRESS         |   |                          |                                 |                   |                       |     |
|   | TY-ST-ZIP                    | MIRAMA          | AR FL  |                                       |                                       |              | _                 | ST-ZIP          |   |                          |                                 |                   | · <del> </del>        | 1   |
| 1   | ILE                          |                 |  |                                       | DELETE                                | 4.1 Ti       |                   | j               |   |                          |                                 | Change            | ☐ Addition            | 1   |
| !   | ME !                         |                 |  |                                       | •                                     | 4.21         |                   |                 |   |                          |                                 |                   |                       |     |
| i i   | REET ADDRESS                 |                 |  |                                       |                                       |              |                   | ADDRESS         |   |                          |                                 |                   |                       |     |
| _   | TY-ST-ZIP                    |                 |  |                                       | DELETE                                | 4.4 C        | ITY-S             | I-ZIP           |   |                          |                                 | Change            | Addition              | +   |
|   | IME                          |                 |  |                                       | المالي المالي                         | 5.2 N        |                   |                 |   |                          |                                 | Unuings           | Addition              |     |
|   | REET ADDRESS                 |                 |  |                                       |                                       |              |                   | ADDRESS         |   |                          |                                 |                   |                       | -   |
| ł   | TY-ST-ZIP                    |                 |  |                                       |                                       |              | 17Y-S             |                 |   |                          |                                 |                   |                       |     |
|   | LE                           |                 | · · · · · · · · · · · · · · · · · · ·                |                                       | DELETE                                | 6.1 T        |                   | <del></del>     |   |                          |                                 | Change            | Addition              | 1   |
| N/A   | IME                          |                 |  |                                       |                                       | 6.2 N        | AME               | - 1             |   |                          |                                 |                   |                       |     |
| ST  | REET ADDRESS                 |                 |  |                                       |                                       | 6.3 S        | TREET             | ADDRESS         | •   |                          |                                 |                   |                       |     |
| CI  | TY-ST-ZIP                    |                 |  |                                       |                                       | 6.4 C        | ITY-S             | T-ZIP           |   |                          |                                 |                   |                       | 1   |

14. I hereby certify that the information supplied with his 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 aliminal report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the procedure of the exemption of 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 attachning with an address. 305-308-3618

**FILED** 

Mar 11 1998 8:00am

Secretary of State