FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1**9**98 P95000049796 (2) DOCUMENT

rincipal Place of Business	Mailmo Address
504 SE ROYAL GREEN CIR IPT C104 IORT ST. LUCIE FL 34952	P O BOX 7576 PORT ST. LUCIE FL 34985
Principal Place of Business	2a. Mailing Address
Principal Place of Business Suite, Apt. #, etc.	28. Mailing Address 26 Suite, Apt #, etc.

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1995 4. FEI Number Applied For 11-3328053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CALLAHAN, RAYMOND F 1504 SE ROYAL GREEN CIR 82 Street Address (P.O. Box Number is Not Acceptable) C104 PORT ST. LUCIE FL 34952 83 84 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 Honda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

4-20-98 4-20-98 SIGNATURE tNOTE Represent Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change CALLAHAN, RAYMOND F SR 1.2 NAME 1504 SE ROYAL GREEN CIR., APT C104 STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 1.4 CHY-ST-ZIF DELETE Change Addition TITLE 21 THLE CALLAHAN, KATHLEEN P NAME 2.2 NAME 1504 SE ROYAL GREEN CIR., APT C104 STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE CALLAHAN, RAYMOND F JR NAME 3.2 NAME 1504 SE ROYAL GREEN CIR., APT C104 STREET ADDRESS 3.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-7IP 3 4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 HILE CALLAHAN, ROSEANN B 8000002546438 NAME 4 2 NAME 1504 SE ROYAL GREEN CIR., APT C104 -06/03/98--01086--**03**2 STREET ADDRESS 4.3 STREET ADDRESS PORT ST. LUCIE FL 34952 ***158.75 CITY - ST - ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thoreby certify that the information supplied with this filling 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.

SIGNATURE:

561-335-5033