FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jun 01 1998 8:00am FLORIDA DEPARTMENIT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of Mate DIVISION OF CORPORATIONS 1998 DOCUMENT # Principal Place of Business Mailing Address 827 14TH AVE NO. ST. PETERSBURG FLA. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 33701 7/28/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59.327*155*8 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ziρ Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name J. Dell Street Address (P.O. Box Number is Not Acceptable) 827 147H AVE NO. ST. PETE. FLA. 337U 83 64 City 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. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition Director NAME JAMES DELL 12 NAME 827 14th Ave No. 5t. PCK. F1. STREET ADDRESS 1.3 STREET ADDRESS 33701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Sec. Change ☐ Addition 8130 GLOTH St. 140. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Pinellas Ark Fl. 34665 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 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 800002543298 -06/02/98--01014--018 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 changes, or on an attachment with an address.

ISA ZIMRING

4/28/98 8/3.822.0420

***150.00

CR2E034 (10/97)