FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075715 (9) VIA OF MERRITT ISLAND, INC. Principal Place of Business Mailing Address 900 AIRPORT RD. 900 AIRPORT RD. MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 NOT APPLICABLE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RENAUD, VERNER BUBECK 1812 WINDSOME TRL. Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32952 83 84 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 7 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. SIGNATURE stered Agent Signature required when reinstating) ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition 1.1 TITLE RENAUD, VERNER J NAME 1.2 NAME 1812 WINDSONG TRL STREET ADDRESS 1.3 STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TiTLE TITLE **BUBECK, IRV** 2.2 NAME NAME 90 SKYLARK STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE JENKINS, DAVID H. NAME 3.2 NAME 1449 VICTORIA BLVD. STREET ADDRESS 3.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. 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 thurstee 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 or an attachment with an address.

6.4 CITY - ST- ZIP

MATURE SEL N. TEN

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UNTUCTOTOS

FILED

Apr 24 1998 8:00am

Secretary of State