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

SIGNATURE:

**PROFIT** Apr 02 1998 8:00am FLORIDA DEPARTMENT CF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000077219 (0) DOMENICA A EDDY P.A. Principal Place of Business Mailing Address 4888 LAKE CECILE DR. 4886 LAKE CECILE.DR. KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0624840 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζīρ Country 8. This corporation owes or has paid the current year Inlangible □ No 25 Personal Property Tax due June 30. Yes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EDDY, DOMENICA A 4886 LAKE CECILE DR. 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 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 life if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME EDDY, DOMENICA A. 12 NAME **CR2E034** 4886 LAKE CECILE DR. STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-21P 5.4 CIEY - ST - ZIP DELETE TITLE 6.1 T ☐ Change Addition NAME 6.2 N ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address. mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

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3-12-98 (407)846466