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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Mailing Address 13531 Walsingham Rol 5AME Largo, FL 34644 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Piace of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 💢 Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent

Gibbons, Tucker, Miller, Whatley & Skin

101 E. Kennedy Bluel. #1000

TPA - FL-33602 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 Birgistered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 11 1/1LF Change ☐ Addition NAME 1.2 NAME 1.3 STREET ADORESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 THLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHTY ST ZIP CITY-ST-ZIP TITLE DELFTE 3 1 111 F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE Addition 4.1.1111.6 NAME 4-2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP DELETE TITLE 5.1 1111.6 Addit-on NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- 21P 5.4 C/TY - S1 - ZIP DELETE 6 1 TITLE 500002212 -06/16/97--01026 62 NAML STREET ADDRESS 6.3 STREET ADDRESS ***165.00 64 CITY-ST ZIP 14. I do hereby certify that the information supplied with this filing doe not information indicated on this arrival report or supplemental any fil report am an officer or director of the corporation or the receiver of austee or or net qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the fall report is true and accurate and that my signature shall have the same legal effect as if made under oath; that uslee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

I am an officer or director appears in Block 12 or \$\mathbb{B}\$ **SIGNATURE:**

6-5-97 813-391-1921

FILED

Jun 12 1997 8:00am

Secretary of State