FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000084560 (8) TASE & ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 533098 P.O. BOX 533098 ORLANDO FL 32853-3098 ORLANDO FL 32853-3098 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1995 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-3356903 21 26 Not Applicable 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 Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes X No Personal Property Tax due June 30. 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TASE, TERRY M 1509 E CENTRAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32081 83 **B4** City 85 Zip Code FL 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE TASE, TERRY M 1.2 NAME NAME 1509 E CENTRAL BLVD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP VO DELETE Change Addition THILE 2.1 TITLE TASE, MEUSSA M 2.2 NAME NAME 1509 E CENTRAL BLVD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET AODRESS

CITY - ST - ZIP 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 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 any utan him an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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