

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000088955 (6) 1. Corporation Name PRE-VEIL OF TAMPA BAY, INC.		
Principal Place of Business 6014 W WATERS AVE TAMPA FL 33634		Mailing Address 6014 W WATERS AVE TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5700 MEMORIAL HWY. Suite, Apt. #, etc. 22 SUITE 209 City & State 23 TAMPA, FL. Zip 24 33615 Country 25 HAWAII.		2a. Mailing Address 26 5700 MEMORIAL HWY. Suite, Apt. #, etc. 27 SUITE 209 City & State 28 TAMPA, FL. Zip 29 33615 Country 30 HAWAII.		3. Date Incorporated or Qualified 11/07/1995	4. FEI Number 59-3348002	Applied For ☐ Not Applicable
				5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No		

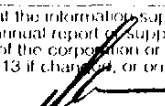
9. Name and Address of Current Registered Agent COHN, VANESSA N 705 W AZEEL STREET TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to 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 filed applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, DAVID	1.2 NAME	
STREET ADDRESS	6014 W WATERS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(j), 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 an attachment with an address.

SIGNATURE:  DAVID B. BAKER 4-17-98 813-243-0587

CR2E034 (10/97)