## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Aug 19 1997 8:00am CORPORATION Sándra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 P96000003416 DOOUMENT # Principal Place of Business 1195 Rodge CREST CT Polm Horobox, FL 34683 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address Applied For Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing $\Box$ Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent terisance Robert Ritz 81 Name 1195 Regerost Cot Palm Harbor pl 34683 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 Statutos, 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 Statutoria. SIGNATURE required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGE 13 (96/6) DELETE. TITLE Change 1.1 TITLE Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 City-St-ZiP TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2 4 CITY-ST ZIP 3 1 TITLE \*\* TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STRLET ADDRESS CITY - ST-ZIP 3.4 C(TY-ST-ZIP) Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SY-ZIP 4.4 CITY - ST - 7IP 600002273906 -08/21/97--01002--008 OF LETE Addition 5.1101.6 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*550.00 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. For hereby certily 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 eath; that I am an officer or director of the comporation on 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 open appears with an address

SIGNATURE: