FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE May 20 1997 8:00am CORPORATION Sandra B. Mortham , ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Vast Report 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes The Yes No Yes 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKOSLARICOS 82 BLUD Street Address (P.O. Box Number is Not Acceptable) 83 84 City 7,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of Sec SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE DESIDENT 111111 Change TITLE Heis Skoulaeicos 242 Roya Palm BLVD. 12 NAME NAME 13 STREET ADDRESS STREET ADDRESS SpRINES, FL. 33065 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE 2.1 TIT, F Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3-4. CITY - \$1 - 20P DELETE Change Addition TITLE 4.1 Tr11.E 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY ST-701 CITY-ST-ZIP DELETE 51 1011 Add-tion TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY+ST-ZIP CITY-S1-ZIP 61 117.0 Change TITLE 1000022007ÖÏ -06/04/97--01004--018 6.2 NAME NAME SIGNED LANDRESS STREET ADDRESS ***165.00 As filing does not qualify for the exemption stated in Section 119.07(3)(i), Flor oa Statutes. I further cert by that the sufficient annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address. 14. I do hereby certify that the information supplied information indicated on this annual report of I am an officer or director of the corporatio appears in Block 12 or Block 13 if change

SIGNATURE: