FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 06 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P96000020829 ARMSTRONG REALTH GROUP, INC. 5915 MEMORIAL HIGHWAY SUITE K 3. Date incorporated or Qualified 3a. Date of Last Report TAMPA, FLORIDA 33615 USA 2a. Mailing Address 4. FEI Number Applied For 59-33814 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country This corporation has liability for intangible tax under s 199,032, Zιρ Country Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NEIL H. ARMSTRONG 5915 MEMORIAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 83 SUITE K TAMPA, FLORIDA 33615 Zip Code 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 bott, 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 obligation for Section 6.7.0505. Florida Statutes. 11. Pursuant to the provisions of Secl 4.30-97 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. P/V/S/T/D DELETE NEIL H. ARMSTRONG SAIS MEMORIAL HOLLWAY, SUITE K TULL 1. 1 TODE Change Addition NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FLORIDA 33615 1.4 CITY - ST - ZIP OHY-S1-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CiTY-ST-ZiP CHY-ST-ZIP THILE DELETE 3. 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DITY-S1-7:P DELETE 4. 1 TITLE Change Addition THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1 ZIP 4.4 CITY - ST - ZIP DELETE THLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP 500002175365 -05/12/97--01133--010 TITLE DELETE 6 1 TITLE Addition 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS ***330.00 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual reproath, that I am an officer or director of the corporation appears in Block 12 or Block 13 if shinged, or by an a t or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under The reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name vith an address SIGNATURE:

NEIL H. ARMSTRONG