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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031765 (6)

THE SIGNAL BAIT COMPANY

FILED Apr 03 1998 8:00am Secretary of State

| Principal Place of Business | Mailing Address | T I DOULDER I LIKE TENIN BUINT NOTHIN NOTHIN NOTHIN NOTHER # (I BUT AND | | |
|---|---------------------------------|---|--|--|
| 8217 SUNSHINE COURT ORLANDO FL 32801 | 2016 E OLIVE ST SUITE 17 | | | |
| | SHOREWOOD WI 53211 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 | | |
| | US | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number Applied For | | |
| 21 | 26 1665 CAHILL DR | VE 59-3370118 Not Applicable | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & State | City & State 28 E, LANSING, MI | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | |
| Zip Country 24 25 | 29 48823 30 USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| ANDERSON, J P 930 SOUTH HARBOR CITY BLVD. #505 | | reet Address (P.O. Box Number is Not Acceptable) | | |
| MELBOURNE FL 32901 | 92 | 194 | | |

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.

City

| agam. ra | in termilar with, and accept the obligations of | , Section 607.0505, Fig. | rida Statutes. | | | 1 |
|----------------|--|--------------------------|----------------------------|--|-------------|------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title | if applicable (NOTE | Registered Agent signature | prequired when reinstating) DATE | | |
| 12. | OFFICERS AND DIREC | | I 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTOR | S IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | D/P | Change | Addition |
| NAME | Luz, Christian R | | 1.2 NAME | LUZ, CHRISTIAN R. | | _ |
| STREET ADDRESS | 2016 EAST OLIVE STREET | | 1.3 STREET ADDRESS | 1665 CAHILL DR. | | |
| CITY-ST-ZIP | SHOREWOOD WI 53211 | | 1.4 CITY-ST-ZIP | E. LANSING, MI 48823 | | |
| TITLE | VPS | ☐ DELETE | 2.1 TITLE | VP/S | Change | Addition |
| NAME | LUZ, CLARE | | 2.2 NAME | LIIF CIARE | • • | 1 |
| STREET ADDRESS | 2016 E OLIVE ST | | 2.3 STREET ADDRESS | LUZ, CLARE 1665 CAHILL DR. E. LANSING, MI 4889 | | |
| CITY-ST-ZIP | _\$HOREWOOD WI | | 2. 4 CITY - ST - ZIP | E. LANSING / MI 488' | 13 | |
| TITLE | | DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | DELET E | 4.1 TITLE | | Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | ļ |
| TITLE | | DELETE | 5.1 TITLE | | Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELET E | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | <u> </u> | | 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)(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 an attachment with an address.

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Zip Code