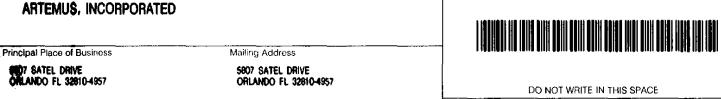
HING FERAFTER MAY 18T IS \$550.00 San**dra** B.**M**ortham REPORT Secretary of State DIVISION OF CORPORATIONS

P96000035012 (9)

DOCUMENT #

FILED Apr 20 1998 8:00am Secretary of State



| η | | | | | 3. Date incorporated or Qualified |
|--------------------------------|--|---|-----------------------------|----------------|--|
| 1 | | | | | , |
| A 189 0 1 1 1 | A Division | I a. Mail . Address | | | 04/18/1996 |
| 4. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For |
| [81] | | 26 | | | 59-3382100 Not Applicab |
| Buite, Apt. | #, etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired S8.75 Additional |
| 92 | | 27 | | | Fee Required |
| Oity & State | • | City & State | | | Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution |
| Ž ip | Country | Zip | Count | ry | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. X Yes No |
| | 9. Name and Address of Curren | Registered Agent | ,, | - | 10. Name and Address of New Registered Agent |
| BERRY, PAUL L III | | | 8 | 1 Name | |
| 1330 GOLFVIEW STREET | | | L | | |
| • | | | 8 | | Address (P.O. Box Number is Not Acceptable) |
| ORLANDO FL 32804 | | | | 580 | 7 SATEL DRIVE |
| | | | 8 | " | |
| | | | 8 | 4 City | 85 Zip Code |
| | | | | | ando Fiorida FL 32810 |
| 11. Pursuant t | o the provisions of Sections 607.0502 | and 607.1508, Florida Statute | es, the abo | vo.named | corporation submite this statement for the nurses of changing its registers |
| Office or re | egi s tered agent, or both, in the State in fam iliar with, and accept the obliga | of Florida. Such change was a tions of Section 807 0505 . Fla | authorized l wide Stetut | by the corp | poration's board of directors. I hereby accept the appointment as registered |
| 1 - | in territoria vinit, and ticeopy the congr | included by bucket by | Jiba Statut | | |
| SIGNATURE | Signature, typed or printed name of tregetion diager |) and title if are licable (NOTE | F : Benistered A | gent Signature | required when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | gon ognasis | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PDC | DELETE | 1.1 TITLE | | Change Addition |
| NAME | BERRY, PAUL L | | 1,2 NAMI | | |
| | • | | 1 | | |
| STREET ADDRESS | 1330 GOLFVIEW ST | | | et address | 5807 SATEL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 14 | | 1.4 C(TY | | ORLANDO FL 32810-4957 |
| TITLE | VO | ☐ DELETE | 2 1 TITLE | | Change Addition |
| NAME | BERRY, CARRIE L | | 2.2 NAMI | | |
| STREET ADDRESS | 1330 GOLFVIEW ST | | 23 STRE | et address | 5807 SATEL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 14 | | 2. 4 CITY | -S1-7/P | ORIANDO FL 32810-4957 |
| TITLE | VD | DELETE | 3.1 TITLE | | Change Addition |
| NAME | BERRY, PAUL L | _ | 3.2 NAME | | 7 1. |
| STREET ADDRESS | 2605 LYNCH AVE. | | | ET ADDRESS | |
| | GRANITE CITY IL 16 | | | | Commercial Lange 2011 |
| CITY-ST-ZIP | CHANIE CHILLIO | DELETE | 3.4. CITY | | GRANITE COM 12 62040-2916 |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAM | E | |
| STREET ADDRESS | | | 4.3 STREE | ET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | : | |
| STREET ADDRESS | | | | et address | |
| i (| | | • | 1 | |
| CITY-ST-ZIP | | DELETE | 5.4 City- | | Change Addition |
| TITLE | | ☐ ocrete | 61 TITLE | | Li Change Li Additio |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | |

CITY-\$1-ZIP

14. 1 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.

Wolas (60)707-62