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

PROFIT CORPORATION

D-STAN PROPERTIES INC.

FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000038206 (4)

FILED Jan 21 1998 8:00am Secretary of State

Marie Addison											
Principal Place of Business				Mailing Address				ļ			
801 HERBERT STREET PORT ORANGE FL 32119			801 HERBERT STREET PORT ORANGE FL 32119			DO NOT WRITE IN THIS SPACE					
									Date Incorporated or Qualified 04/19/1996		
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		Applied For
21			26	26				59-3381102			Not Applicable
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		75 Additional se Required
23	City & State			City & State					Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
24	Zìp	Country 25	29	Zip	30	untry				Yes	ar Intangible No
g, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
WIGGINS, DIANA						81	Name				
801 HERBERT STREET PORT ORANGE FL 32119					82	2 Street Address (P.Ö. Box Number is Not Acceptable)					
						83					
						84	City		FL	85	Zip Code

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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE DIANA WIGGINS 1.2 NAME NAME 801 HERBERT ST 1.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY - ST - ZIP 1,4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STANLEY WIGGINS NAME 2.2 NAME 801 HERBERT ST STREET ADORESS 2.3 STREET ADDRESS PORT ORANGE FL CITY - ST - ZIP 2. 4 CITY - ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 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.

SIGNATURE:

1-1298

767-6509

CR2E034