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

FILED Feb 10 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000046053 (0) STRONG INDUSTRIES, INC. Principal Place of Business Mailing Address 2755 S.W. 132ND WAY 2755 S.W. 132NO WAY DAVIE FL 33330 DAVIE FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-069266 Not Applicable 21 Suite Apt # etc. Sule Aul. # elc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Coontry This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MORAN, KIM 2755 SW 132 WAY 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33330 83 Zip Code City 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or product cause after extended upon and talk of applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DÉLICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Addition TITLE Change MORAN, KIM 1.2 NAME NAME 2755 SW 132 WAY STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-S1-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

64 City-St-ZiP

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

DELETE

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Kim M. Moran 1-20-98

Change

Addition