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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 23 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000048510 (7) HAPPLE MANAGEMENT, INC. Principal Place of Business Mailing Address 9745 INTERNATIONAL COURT N. 9745 INTERNATIONAL COURT N. ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3384369 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAPPEL, JAMES 4580 OVERLOOK DR NE #294 82 Street Address (P.O. Box Number is Not Acceptable) UNIT 113 ST PETERSBURG FL 33703 83 84 City 3⁷3715 ST PETERSBURG 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, typod or parited name of registered agent and title 4 apply able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE X Change THEF 1 1 TITLE HAPPEL, JAMES 1.2 NAME NAME 4580 OVERLOOK DR., N.E. #294 1.3 STREET ADDRESS 6104 PALMA DEL MAR, UNIT 113 STREET ADDRESS ST. PETERSBURG FL 33703 CITY-SI-ZIP 14 CHY-SI-7P ST PETERSBURG, FL 33715 DELETE TILLE 2.1 JITLE NAMI 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-7IP 2 4 City - ST - ZIF DELETE Change Addition 3.1 101 F THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST ZIP 34. CITY-ST-ZIP DELETE Change Addition THE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7iP 5.4 City - St - 71P DELETE Addition Change TIFLE 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 C(1)Y - S1 - Z(P)

14. Thereby certify that the information supplied with this filling 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 supplicmental 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 add

SIGNATURE:

4-13-98 8135764100