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CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000051126 (6) DOCUMENT # 1. Corporation Name

FILED Jan 27 1998 8:00am Secretary of State

APOLLO CENTERS, INC. Principal Place of Business Mailing Address 616 WEST BRANDON BOULEVARD C/O THOMAS H. MILLER POST OFFICE DRAWER 1487 BRANDON FL 33511 DO NOT WRITE IN THIS SPACE BRANDON FL 33509-1487 3. Date Incorporated or Qualified 06/13/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3392035 Not Applicable uite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žip Country ŽΙρ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes No. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 83 City Zip Code 85 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change MILLER, THOMAS H NAME 1.2 NAME CR2E034 610 NORTH SYLVAN DRIVE STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP 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 TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City-ST-ZIP DELETE Change Addition | TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(3)(1). 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:

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813-685-0841