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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000059606 (9)

EARTH II, INC.

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or

CITY-ST-ZIP

Principal Place of Business Mailing Address 5201 N ORANGE BLOSSOM TRAIL 5201 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3389865 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 ELLIOTT. MARC G 5201 N ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE ELLIOT, MICHAEL A 1.2 NAME NAME 143 VARIETY TREE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ELLIOT, MARC G NAME 2.2 NAME 199 VARISTY CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **ELLIOTT, JOHN E** NAME 3.2 NAME **143 VARIETY TREE CIRCLE** 3.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE MELLEN, ARTEMIS J 4. 2 NAME NAME 12816 BIG SUR DRIVE STREET ADDRESS 4.3 STREET ADDRESS **TAMPA FL 33625** CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE __ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP

DELETE

6.1 TITLE **6.2 NAME**

6.3 STREET ADDRESS

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 logal 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 n1/11/00

Change

Addition

FILED

Jan 29 1998 8:00am

Secretary of State