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

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000072258 (2) **PAVITAKE CORP** Principal Place of Business Mailing Address 1951 GLEN LAKES CIRCLE NORTH 1951 GLEN LAKES CIRCLE NORTH ST. PETERSBURG FL 30702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3403448 21 26 Not Applicable Suite, Apt. #, 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Country ZiD This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAMARCA, TAMI 1951 GLEN LAKES CIRCLE NORTH ST. PETERSBURG FL 33702 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 607.0503, Florida Statutes. ext signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change TITLE 1.1 TITLE LAMARCA, TAMI J 1.2 NAME NAME 1951 GLEN Lakes Cr N 1951 GLEN LAKES CIR N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL Patersburg 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NAME SCHEELE, PAUL C 22 NAME 1951 GLEN LAKES CIR N STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MAY, VICKY S NAME 3.2 NAME 350 70TH AVE N #344 3.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE O'TOOLE, KEVIN P 4. 2 NAME NAME 108 PINEGROVE DR 4.3 STREET ADDRESS STREET ADDRESS **VENICE FL** CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 5.1 TITLE MALAF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE

6.3 STREET ADDRESS

Schoolo 4-24.98 813.5761336

6.4 CITY-ST-ZIP 14. Thereby 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 roceiver 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.

STREET ADDRESS

SIGNATURE: