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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072801 (9)

VAN EDEMA ENTERPRISES, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1224 S. "N" STREET 1224 S. "N" STREET LAKE WORTH FL 33460 LAKE WORTH FL 33460 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0690357 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country ZID 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WIGERI-VAN-EDEMA, RAYMOND 1224 S. "N" STREET Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 City 85 Zip Code 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 symbol name of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1.1 TITLE Addition NAME WIGERI-VAN-EDEMA, RAYMOND 1.2 NAME STREET ADDRESS 1224 S. N ST 1.3 STREET ADDRESS LAKE WORTH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 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 Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 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 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 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 charigon, or on an attachment with an address.

SIGNATURE