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SIGNATURE:

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 OCT 27 AM 9: 33 DOCUMENT # P96000075186 (2) SECRETARY OF STATE EAST LAKE PRIVATE INVESTORS CORP. Mailing Address Principal Place of Business 40 Camelia Court 40 Camelia Court Oldsmar, FL 34677 Oldsmar, FL 34677 Date Incorporated or Qualified 3a. Date of Last Report 5/1/97 9/10/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3433118 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country Zιρ Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 25 29 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O. H. Seamands Street Address (P.O. Box Number is Not Acceptable) 40 Camelia Court 83 Oldsmar, FL 34677 200002676362 -10/30/9≇€\0076--005 84 City SIGNATURE Signature, typed or punico name of sep stereo agent and tipe it applicad OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President Addition TITLE 1.1 TOLE Change O. H. Seamands HAME 1,2 NAME 40 Camelia Court STREET ADDRESS 1.3 STREET ADDRESS 01dsmar, FL 34677 CITY-ST-ZIP 1 4 CMY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Chance NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME > SYPEET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4 1 TITLE !!AME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SE-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE MEMF 5.2 NAME __ ... STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6:70715 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 14. I do hereby certily 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 of 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 it changed, or on an attachment with an address.