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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF OUT OF THE PROPERTY OF THE PR

FILED Jan 29 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | |
|--|--|-------------------------------------|-----------------------------------|--------------------------------|--|
| 325 N.E. 3RD AVENUE 325 N.E. 3RD AVENUE | | | | | |
| DELRAY BEA | CH FL 33444 | DELRAY BEACH FL 33444 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified |
| | | | | | 09/30/1996 |
| 2. Principal F | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 | | | 65-0746436 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| Zip Country | | Zip Country | | 1 | Trust Fund Contribution |
| 24 | 25 29 30 | | | try | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |
| 241 | 9. Name and Address of Curren | | 301 | | 10. Name and Address of New Registered Agent |
| DE PETRILLO, MICHAEL | | | 8 | Name | |
| 1 | 5 N.E. 3RD AVENUE | | 18 | 32 Street Add | dress (P.O. Box Number is Not become tile) |
| DELRAY BEACH FL 33444 | | | | - Olicol Add | A STATE OF THE STA |
| | | | 8 | 33 | 10 |
| | | | 8 | 14 City | 85 Zip Code |
| | | | | - | FL (! |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named office or registered about, or both in the State of Florida. Such change was authorized by the corpagent. I sen familiar with and accept the obligations of, Section 607.0505, Florida Statutes. | | | | we-named cor by the corpora | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |
| agent. | m familiar with and accept the obliga | tions of Section 607.0505) Fib | Nda Statu | es. | 1 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature requ | | | | ///9/19- | |
| 12, | OFFICERS AND | | 13. | igent signature redu | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 71715 | | Change Addition |
| NAME | DE PETRILLO. MICHAEL | | 1,2 NAM | E | |
| STREET ADDRESS | 325 N.E. 3RD AVENUE | | 1.3 STRE | ET ADORESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | 1.4 CITY | -ST-ZIP | |
| TITLE | D | ☐ DELETE | 2,1 TITLE | i | Change Addition |
| NAME | DE PETRILLO. PAMELA | | 2.2 NAM | E | |
| STREET ADDRESS | 325 N.E. 3RD AVENUE | | 2.3 STRE | ET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | T pricte | 2. 4 CiTY-1 | | |
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| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
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| NAME | 5.2 N/ | | 5.2 NAME | Ē | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | : | |
| STREET ADORESS | | | 6.3 STREE | ET ADDRESS | |
| CITY-ST-ZIP | and the state of t | the thin films along and accept for | 6.4 CITY | | Scotlan 110 07/2Vi) Elevida Statutas I further partiful that the information |

4. 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 in changed, or onlan academent with an address.

SIGNATURE:

al-272-4