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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000090447 (9) FOCUS WORLD - TAMPA, INC. Principal Place of Business Mailing Address 811 GOLF ISLAND DRIVE **B11 GOLF ISLAND DRIVE APOLLO BEACH FL 33572** APOLLO BEACH FL 33572 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/31/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3416083 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Žφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. □ No 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EICHENHOLTZ, MARC 811 GOLF ISLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 APOLLO BEACH FL 33572 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE PSTD TITLE EICHENHOLTZ, MARC CR2E034 NAME 12 NAME 811 GOLF ISLAND DRIVE STREET ADDRESS 1.3 STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP COTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TiTLE 61 TITLE

62 NAME

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 armural report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the convention or the receiver or trusted 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 attrichment with an address.

MAKE EICHENHULTZ

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP **FILED**