Amended + 61.25 TER MAY 1ST IS \$550.00 FILED Apr 17, 2001 8:00 am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 04-17-2001 90107 018 ***150.00 **.** 1999 DIVISION OF CORPORATIONS MUUJUCOJ. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Spes. Ald. 3. Date Incorporated or Qualifed 2a. Mailing Address 4. FEI Number Applied For 59-3416357 Same as A bouc 26 Same 25 Zbou Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired _Fee.Required - -27 City:8:State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes the current year Intangible □No 24 29 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street 83 84 Zip Code 32810 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, Change DELETE 1.1 TITLE rda Circle Lik Gandy Cir. 1.2 NAME NAME STREET ADDRES 1.3 STREET ADDRE CITY-ST-ZIP 1.4 CITY-ST-ZA 2.1 TITLE Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2:4 CITY-ST-ZIF DEIFTE 3.1 TMLE* Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITÝ-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME 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 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 changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

10-9-99-407-299-9576

Date Daylime Phone #

Change

Addition