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

₹PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1998 DIVISION OF CORPORATIONS 98 JUL 14 PM 1:49 DOCUMENT # P96 000102569 SLUNGIARY OF STATE Philacom, INC. TALLAHASSEE, FLORIDA Principal Place of Business PHICACOM, TNC. Mailing Address PHILACOM, INC. 8 SURF ROAD 8 SURF ROAD DO NOT WRITE IN THIS SPACE GULFSTREAM PARK, FLOKIB! Date Incorporated or Qualified GULPSTREAM PACK, FLURIDA 33435 ss | 2a. Mailing Address 4. FEI Number Applied For 8 Suga 26 65-072 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required Cily & State City & State \$5.00 May Be 6. Election Campaign Financing SULF STEERIN Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name JOHN RICHARD CICCIU Street Address (P.O. Box Number Is Not Acceptable) 62 8 SURF ROAD 63 GULFSHEEAM PARK, FLORIDA 33435 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, of 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 purpose of the appointment as registered agent. I purpose of the appointment as registered agent. I purpose of the appointment as registered agent and the obligations of, Section 607.0505, Florida Statutes.

INATURE

Structure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algunture required when rehalating)

DATE SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE DIRECTOR TITLE PRESIDENT 1.1 TillE Change Addition NAME JOHN RICHARD CICCIL JOHN RICHARD CICCILL 8 SURP ROAD 1,2 NAME 8 SURF ROAD, GULFSTEEAM PARK, FLORIDA 33435 STREET ADDRESS 1.3 STREET ADDRESS GULPSTREAM PARK, FLORIDA CITY-S1-ZIP 1.4 CITY-ST-ZIP <u>33435</u> TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4 CTITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE S 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 true-leg 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 a settletiment with a address. THE CHIMIN TO SIGNATURE: