FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** Parmiore →Principal Place of Business Mailing Address 900 E. NOVENTOWN TO - SUITE ZIZ DO NOT WRITE IN THIS SPACE SUPPORT FL. 33477 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEL Number 2a. Mailing Address Applied For 650735 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Flection Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Žipi Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 83 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 obligations of Section 607 0505, Florida Statutes. SIGNATURE [NO]] Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1.1111.6 MASINGUY - SALES Change Addition . TITLE Soward D. KLAPP 1 NAME STREET ADDRESS 1.3 STHEFT ADDRESS CHY-ST-ZIP 14 CITY-ST-ZIP DILETE Change 217/116 Addition TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 31 11116 Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-SI-ZIP CITY - ST - ZIP DELETE 41 TIFLE Change Addition TITLE 4 2 NAML NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP DELETE Change Addition TITLE 51 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - 7/P DELETE ☐ Change 6.111117 TITLE **000**002526**17**0 -05/15/98--01108--032 6.2 NAMI NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 11907(3)(i), Florida Statutes, I further certify that the information indicated on this actual report or supplied with this filting does not qualify for the exemption stated in Section 11907(3)(i), Florida Statutes, I further certify that the information indicated on this actual report or supplied onto the indicated on this actual report of the receiver of 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.

4-28-98

561-745-3800