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P**RO**FIT CORP**O**RATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 02 1998 8:00am Secretary of State

P97000005394 (6) DOCUMENT # THE ION GROUP, INC. Principal Place of Business Mailing Address 718 BEAR CREEK CIRCLE 718 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3421355 21 Not Applicable 26 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. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zin Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CHANGE AND CEO Change Add OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TOLE TITLE NAME 1.2 NAME 718 BEAR CREEK AV. STREET ADDRESS 1.3 STREET ADDRESS .7 O K WINTER SPRINGS, FL CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 Inflie TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST - ZIP ☐ DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - S1 - ZIP

14. Thereby 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 opporation 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.

I ARRY II. MSFROW

cholan

417.977-1090