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

SIGNATURE:

Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** Mailing Address 918 Gibbs Road Same_ DO NOT WRITE IN THIS SPACE Venice Fl 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 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 Veni 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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, if am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registimou agent and title if applicable (NOTE_Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change ☐ Addition 11 TITLE NAME 12 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 C/TY - \$T - Z/P 2.1 TITLE Change Addition TITLE NAME 2.2 NAME Blackburn Pt Rd 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-\$T-ZIP DELETE TITLE 3.1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP ☐ DELETE TITLE 41 TITLE Change ■ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4 4 CITY- \$1-ZIP DELETE 5 1 TITLE Change TITLE 5.2 NAM(STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 7000024790**0** -04/06/98--01009--008 DELETE TITLE 6111116 NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP 14. I hereby certify that the information supplied with this filing 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 eath, that is an 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 to an attachment with an address

FFICER OR DIRECTOR

FILED

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