FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Jul 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS 10000a1856 DOCUMENT # PROPERTIES IINC BURKINGHAM Principal Place of Business Malling Address 1341 CHESTNUT AVENUE 1341 CHEST NUT AUBNUE WINTER PARK, FL DO NOT WRITE IN THIS SPACE ININTER PARK, FL 3. Date incorporated or Qualified 32789-1601 32789-1601 03-03-97 2. Principal Place of Business Applied For 2a. Malling Address 4. FEI Number 59-3434 D9B Not Applicable 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation owes or has paid the current year Intengible 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Yes 9. Name and Address of Current Registered Agent CRAFT III JOHN Street Address (P.O. Box Number Is Not Acceptable) A VENUE CHESTNUT 1341 PARK, 84 City 65 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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 607,0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CRAFT KAME 1.2 NAME UHOL AUENUE CHESTNUT STREET ADDRESS 1341 1.9 STREET ADDRESS 32789-1601 WINTER 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition IIILE 21 TITLE MALE 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE HALLE 4 2 MAKE STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 City-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 5.2 NAME STREET ADDRESS **8.3 STREET ADDRESS** CITY-ST-ZW 5.4 CITY - ST - ZIP 600002588385 Change -07/14/98--01061--038 DELETE Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.87(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 regulated by Chapter 607, Norida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CHCREATERS IN

***550.08

8.2 HAME **4.1 STREET ADDRESS**

8.4 CITY-51- DP

HAME

STREET ADDRESS