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

Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000036337 (8) INVICTA ENTERPRISES, INC. Principal Place of Business Mailing Address 4924 U.S. HIGHWAY, 19 4924 U.S. HIGHWAY, 19 NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/21/1997 2. Principal Place of Business 2a. Mailing Address Number Applied For 21 10409 COPPERWOOD

Suite, Apt. #, etc. DRIVE 26 10409 COPPERWOOD Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Ø 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing NEW PORT PLUMEY tioling Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible <u> ۸۶۷</u> AZU Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CLAPSON, PETER PETER h 29A 4924 U.S. HIGHWAY, 19 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** COPPERWOOD 83 85 Zip Code NEW BRI Runey 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

SIG PEESIDE gistered Agent signature required when reinstating) ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition CLAPSON PETER IDONALD CLAPSON HUNDA 1.2 NAME NAME 10409 COPPERMENT DRIVE 10409 COPPERWOOTS TORIVE STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME 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 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. I hereby 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 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 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 City-S1-Zip

SIGNATURE: __

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECT

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Davime Phone # 047181

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