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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State · ▼
DIVISION OF CORPORATIONS

DOCUMENT # P97000039828 (3) STEALTH-WEALTH, INC.

FILED Apr 03 1998 8:00am Secretary of State

STEALTH-WEALTH, INC. Principal Place of Business Mailing Address 12219 GARDEN LAKE CIRCLE 12219 GARDEN LAKE CIRCLE ODESSA FL 33556 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 2a. Mailing Address 2. Principal Place of Business Applied For 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 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zıp Zip Country Country B. This corporation owes or has paid the current year Intendible 24 29 30 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PETERS, JAY 12219 GARDEN LAKE CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 ODESSA FL 33556 83 84 City Zip 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 of or registered agent of the corporation of directors. I hereby accept the appointment as registered agent. I am familiar vitib, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applicati (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 117016 196 ARDEN LAKE CR NAME 1.2 NAME R2E034 STREET ADDRESS 1.3 STREET ADDRESS 3 353B 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE FRANK PRIOCE NAME **2.2 NAME** WINNERS GRECE ZID STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-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 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 chapted does not a state of the corporation 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 chapted does not require the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted does not require the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted does not require the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted does not require the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

MONATURE SAM ALTEN TAVATERS PRESIDENT 1-30-98 813920837