FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000040275 (4) DOCUMENT # SUGAR PINES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 9168 POST OFFICE BOX 9168 JUPITER FL 33468 JUPITER FL 33468 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 65-675 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVERSA, JEFFREY N **TEQUESTA CENTRE - SUITE 202** Street Address (P.O. Box Number is Not Acceptable) 82 218 U.S. HIGHWAY ONE **TEQUESTA FL 33469** Zip Code 33458 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 Sections 607,0505, Florida Statutes. JON LI GAMAT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Change Addition 1.1 THEF TITLE OSWALD, JON L 1.2 NAME NAME **POST OFFICE BOX 9168** STREET ADDRESS Jupiter FL 33468 CITY-ST-ZIP Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 1ITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7P DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 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 trusted 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, by on an attracture with an addition.

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6.1 TITLE

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