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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045808 (7)

FLOATING TIME, INC. Principal Place of Business Mailing Address 920 THIRD AVENUE 920 THIRD AVENUE NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-3448790 21 Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 KOSMAS, JAMES M ESQ 111 LICE OAK STREET Street Address (P.O. Box Number is Not Acceptable) 82 NEW SMYRNA BEACH FL 32168 83 84 City 85 Zip Code 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** Signature, typed or profed name of registered agent and litle if applicable (NOT) Registered Agent's griature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change TITLE KOSMAS, PAUL NAME 1.2 NAME 920 THIRD AVENUE 1.3 STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-S1-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE TITLE 4.1 TITLE Change NAME 4. 2 NAME

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 trutice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

4.3 STREET ADDRESS

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

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Applied For

Not Applicable

FILED

Feb 04 1998 8:00am

Secretary of State