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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048194 (9)

LEE MARSA ATTORNEY AT LAW CHARTERED Principal Place of Business Mailing Address 1133 FOURTH STREET 1133 FOURTH STREET **SUITE 307** SUITE 307 SARASOTA FLIEST 34236 DO NOT WRITE IN THIS SPACE SARASOTA FL 200 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0756878 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 34736 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARSA, LEE 1133 FOURTH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 307** 34276 83 SARASOTA FL 236 84 City Zip Code 34236 FL 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 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 CR2E034 (10/97 13. ☐ DELETE Change Addition TITLE **PSTD** 1.1 TITLE MARSA, LEE NAME 1.2 NAME 1133 FOURTH STREET STREET ADDRESS 1.3 STREET ADDRESS 34236 34236 SARASOTA FL 206 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 2(P DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

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 changed, or on a fattachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Lee Mussa Oses

FILED

Feb 04 1998 8:00am

Secretary of State

941, 765- 3722