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

**PROFIT** FLORIDA DEPARTMENTOF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P9700049511 (3) SENDO & COMPANY, INC. Principal Place of Business Mailing Address 3138 BIGELOW DRIVE 3138 BIGELOW DRIVE HOLIDAY FL 34691 HOLIDAY FL 34691 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 21 7920 Evie 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 26 Suite, Apt #, etc Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible [] No Personal Properly Tax due June 30. X Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SENDO, JOHN A 3148 BIGELOW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34691 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. John Sendo SIGNATURE (NOTE Hagistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change PSD 1.1 TITLE TITLE **SENDO. JOHN A** NAME 1.2 NAME CR2E034 3138 BIGELOW DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 34691 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE SENDO, MARK R NAME 2.2 NAME 3138 BIGELOW DRIVE STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FL 34691 CITY+ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-SI-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP DELF16 Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 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 by on an attachment with an address.

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**9-**27-988/3-8/5-822**2**