**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000050833 (7) STEVEN A. MEDINA, P.A. Principal Place of Business Mailing Address 1536 ISABEL COURT POST OFFICE BOX 4378 NO. 3 TALLAHASSEE FL 32315-4378 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32303 3. Date Incorporated or Qualified 06/<u>09/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt #, etc. Suite, Apl. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEDINA, STEVEN A **1536 ISABEL COURT** 82 Street Address (P.O. Box Number is Not Acceptable) NO. 3 **B3** TALLAHASSEE FL 32303 64 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President/Director DELETE Change Addition TITLE 1.1 TITLE Steven A. Medina 1.2 NAME NAME 1536 Isabel Court, No. 3 1.3 STREET ADDRESS STREET ADDRESS Tallahassee, FL 32303 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 attachment with an action.

SIGNATURE:

3.2 NAME 3 3 STREET ADDRESS

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

NAME

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-\$1-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP TITLE

DELETE

DELETE

DELETE

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Change

Change

Addition

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Addition