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

PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 98 JUN -5 PM 1:34 DIVISION OF CORPORATIONS 1998 P97000055989 (2) SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT #** FIRST TIME ENTERPRISES INC. Principal Place of Business Mailing Address POST OFFICE BOX 372512 POST OFFICE BOX 372512 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Žiρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes No. 24 Personal Property Tax due June 30. 25 29 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAZZACANE, JULENE A 140 PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SATELLITE BEACH FL 32937** 83 **84** City 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 punted name of registered agent and tale of applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VICE PRESIDENT TITLE DELLTE 1.1 TITLE Change Addition MAZZACANE, JULENE A R, UTCTOR BRUNGART NAME 1.2 NAME CR2E034 140 PARK AUBINIE 140 PARK AVENUE STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH, FL **\$ATELLITE BEACH FL 32937** 1.4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME იიიიი2552850-6 STREET ADDRESS 2 3 STREET ADDRESS -06/09/98--01066--014 ****150.00 ****150.00 Change ___Addition CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE A 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE. TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filting 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 is rule and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 an attachment with an address.

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