SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 NOV -2 AM 8:53 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000063173 SECRETARY OF STATE TALLAHASSEE, FLORIDA SURROUNDING VISION CORPORATION Principal Place of Business Mailing Address 5850 CAKEHURST DR. # 100 DO NOT WRITE IN THIS SPACE ORLANDO -FL 32819 3. Date Incorporated or Qualified 07 21 97 2. Principal Place of Business 2a. Mailing Address Applied For 7345 SAND LAKE RD -- -26 Not Applicabl Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE # 208 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be OPLANDO-FLORIDA \Box 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible U-S ☑ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DONALD SUTTON Street Address (P.O. Box Number is Not Acceptable) 82 7345 SAND LAKE 2D. #207 83 OPLANDO_FL 32819 Zip Code Sections 607/0592 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation of the co 11. Pursuant to the provisions of FUZDA (R.AGENT) DONALD SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 (2/98)Change DELETE ☐ Addition TITLE P, VP, T, S, D NAME 1.2 NAME TELMA DEREIRA MONCAD 7345 SAND LAKE RD # 208 ORLANDO-FL 32819 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.2 NAME NAME -01071--012 | ****150.00 STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CiTY-ST-ZIP DELETE Change TITLE 3 1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP TITLE DELETE. 6.1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supple officer or director of the corporation of Block 12 or Block 13 if change (), or on emental 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 the receiver or trustee empoywest to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in SIGNATURE: