6.3 机二硫 ORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. FILED SEPONS 80/10/90: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS P97000064884 (4) NCORPORATED Malling Address 189 Sunkise Blud FT MYERS FL 89905 33907 DO NOT WRITE IN THIS SPACE 55-16 Clavelano Ave 3. Date Incorporated or Qualified Cr. MYRNS, 7e33907 07/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 0775831 21 11605-16 Cleveland Ava 2149 SUNRIVE BLUD Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes \(\sigma\) No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BALLARD, CHARLES R SR. 5500 DANA RD 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33905 83 84 City Zip Code 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) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE __ DELETE Change Addition NAME BALLARD, CHARLES R 1.2 NAME STREET ADDRESS **5500 DANA RD** 1.3 STREET ADORESS CITY-ST-ZIP FT MYERS FL 33905 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ... Change Addition NAME BALLARD, CHARLES R JR. 2.2 NAME STREET ADDRESS **5500 DANA RD** 2.3 STREET ADDRESS FT MYERS FL 33905 CITY-ST-ZIP 2.4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby 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 frue 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 an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

__ DELETE

SIGNATURE: CHRISTIANURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

7/6/98

(941)936-3130

___ Change

___ Addition