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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065328 (1)

LADYBUG OF STUART, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address POST OFFICE BOX 7894 2001 SOUTHWEST AKOROT ROAD PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34985 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 5-0769547 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ intry This corporation owes or has paid the current year Intangible 24 ☐ No 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent amerilawyer Chartered 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** City Zip Code 85 FI Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, theoffice or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida 6 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE REICHNER, JOHN L NAME 2001 SOUTHWEST AKOROT ROAD STREET ADDRESS REET ADDRESS PORT ST LUCIE FL 34953 CITY-ST-ZIP Y-S1-ZIP DELETE Change Addition TITLE CAROL A. RECOHNER NAME MF 2001 S.W. AKOROT FO STREET ADDRESS REET ADDRESS POST ST. LUVIE PC 34953 CITY-ST-ZIP ITY-ST-ZIP DELETE Channe Addition TITLE 11 F **AME** NAME STREET ADDRESS REET ADDRESS ITY - S1 - 71P CITY-ST-ZIP DELETE TITLE ILE Change Addition NAME AME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETE Change Addition TI F TITLE NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-21P DELETE Change Addition 6.1 ITLE TITLE NAME AME TREET ADDRESS STREET ADDRESS

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 13 if changed, or on an attachment with an exdress.

561 4/20/9C