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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700065674 (8)

HERONE CORP.

FILED Jun 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2338 IMMOKALEE ROAD 2338 IMMOKALEE ROAD **SUITE 225** SUITE 225 DO NOT WRITE IN THIS SPACE NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year littanglible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANDERS GROUP, INC. 2338 IMMOKALEE RD., #225 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE ☐ Change Addition TITLE 1.1 TITLE KANTOR, WARREN 1.2 NAME NAME 2338 IMMOKALEE RD. #225 STREET ADDRESS 13 STHEET ADDRESS NAPLES FL 33942 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 111LE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5 1 THILF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST - ZIP "HOUSE SO TO Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME -06/19/93---01101--012 6.3 STREET ADDRESS STREET ADDRESS *##150.00 6.4 CiTY - S1 - ZiP CITY-ST-ZIP

14. I hereby 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 propriety entity annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the executer 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 address.