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

FILED
May 05 1998 8:00am
Secretary of State

DOCUMENT # P97000067620 (9)

1. Corporation Name
PRE-PAID SOLUTIONS, INC.

Principal Place of Business
444 N HARBOR CITY BLVD
MELBOURNE FL 32901

Mailing Address
444 N HARBOR CITY BLVD
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/05/1997

4. FEI Number
59-3464026
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIDDIX, THOMAS E
444 N HARBOR CITY BLVD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name PATRICK HEALY
82 Street Address (P.O. Box Number is Not Acceptable) 700 S. BABCOCK SEREET
83 SUITE 400
84 City MELBOURNE FL 85 Zip Code 32901

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] April 29, 1998
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT/CEO	THOMAS BIDDIX	480 E.EAU GALLIE BLVD	INDIAN HARBOUR BCH, FL 32937	☐	XX
SECRETARY/COO	TIMOTHY F.MCWILLIAMS	480 E.EAU GALLIE BLVD	INDIAN HARBOUR BCH, FL 32937	☐	XX
DIRECTOR	HENRY EWEN	480 E.EAU GALLIE BLVD	INDIAN HARBOUR BCH, FL 32927	☐	XX
DIRECTOR	JAMES COLEMAN	480 E.EAU GALLIE BLVD.	INDIAN HARBOUR BCH,FL 32937	☐	XX
DIRECTOR	ART EVANS	480 E. EAU GALLIE BLVD.	INDIAN HARBOUR BCH, FL 32937	☐	XX
				☐	☐

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***150.00

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 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [signature] Tim McWilliams 4·29·98