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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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May 27 1998 8:00am

Secretary of State

Sandra B: Mortinga

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069941 (7)

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

E. DANE GROUP, INC.

Principal Place of Business Mailing Address 808-17711-AVENDE: NEW-BMYRNA-DEACH_FET32161 P.O. BOX 2006 NEW SMYRNA BEACH FL 32170 2183. BURLS DO NOT WRITE IN THIS SPACE DAYTONA BLACK Plong 32114 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 218 5. BRACK 3 3gm& Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SPENCE, HAL 81 221 N. CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32169** 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered "ice 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 gent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or pointed name of registered agent and title diapple able (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO DE OFFICERS AND DIRECTORS 13. DEEJCERS AND DIRECTORS IN 12 1.1 TITLE MCKENNEY, JOANNA M 1.2 NAME P.O. BOX 2006 510 FLAGLER AVENUE î-ESS 1.3 STREET ADDRESS NEW-SMYTINA DEASH FL-92169 1.4 CITY-ST-ZIP DELETE 21 TITLE 2.2 NAME __ 'ESS 2.3 STREET ADDRESS · ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE 3.2 NAMÉ LESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP ·ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME CORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME **LEET ADDRESS** 5.3 STREET ADDRESS TY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 6.1 TITLE .TLE AME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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)(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