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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071550 (2)

CREDAM, INC.

Principal Place of Business

639 CHILDRE AVE 639 CHILDRE AVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp Country This corporation owes or has paid the current year Intangible 24 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 RODDEN, CURTIS E 3330 PARKER STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIMS FL 32796 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE iat in Especific prote Linamic of regeneral a pentian filtre (flags) la aple (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition RODDEN, CURTIS E NAME 1.2 NAME 3330 PARKER ST 1.3 STREET ADDRESS STREET ADDRESS MIMS FL 32796 CITY - ST - ZIP 14 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - 7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-7IP 3 4. CITY - ST - ZIP DELETE Change Addition THILF 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP ☐ Change DELLTE Addition 5.1 DRF TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - ZIP DOELETE ☐ Change Addition TITLE 61 THUE NAME 6.2 NAME

14. Thereby cerbly that the information supplied with this filing does not qualify for the exemption stated in Sociion 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 exemption or the receiver or trustee engrowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 407-267-7783

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZUF

CURTIS E RONNEW

Apr 23 1998 8:00am

Secretary of State