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

PROFIT FLORIDA DEPARTMENT OF STATE May 04, 1999 8:00 am CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 05-04-1999 90069 012 ***150.00 0000 7/985 DOCUMENT # 1. Corporation Name 478199⁸ - 90069 - 12 Principal Place of Business Mailing Address 8300 Ulmerton Rd., Large Fl. 33771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2a. Mailing Address SAMS 2. Principal Place of Business
11 8300 Ulmerton Ro 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible No. 25 USA-29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Richard S. Baron Street Address (P.O. Box Number is Not Acceptable) 623 B Fairmout Ave. sufety Harbor F1.34695 83 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. m.21. Baron (President) Chard SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ DELETE Change ☐ Addition TITLE 1.1 TITLE President Richard S. Baron 623 B Formont Ave. 5 AFETY Horbor F1 34695 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Vice President Allan S. Baron DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME 5238 Fairmont Ave. 2.3 STREET ADDRESS JAFety Harbor Fl. 34695 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ___ Change ☐ Addition 6.2 NAME NAME

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, with all other like empowered.

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6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 21.99

(727) 669-5237