**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000075144 (0) OFFSHORE UNLIMITED, INC. Mailing Address Principal Place of Business TO LUTAL WAR OVO 7830 NW 14TH ST. PEMBROKE PINES FL 33024 <del>Pembroke Pineo fl-8902</del>4 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2. Principal Place of Business 1848( N. U 2a. Mailing Address FEI Number Applied For 18481 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the Q year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CLARKE, JOHN A <del>7030 NW 14TH 6T</del>: Street Address (P.O. Box Number is Not Acceptable) -PEMBROKE PINES FL 33024 N.W. 195+ 83 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. TITLE DELETE 1.3 TIZLE Change Addition CLARKE, JOHN A NAME 1.2 NAME 7930 NW 14TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 'e MbROKe CITY-ST-ZIP 1.4 City-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 suppliemental 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. Clarke SIGNATURE:

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 NILE 6.2 NAME ☐ Change

Addition

DELETE

CITY-S1-ZIP

CITY-ST-ZIF

TITLE

NAME STREET ADDRESS