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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ?

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075774 (4)

FAST LANES COMMUNICATION INC.

Principal Place of Business Mailing Address 29 COQUINA RIDGE WAY 29 COOUINA RIDGE WAY ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 28. Mailing Address 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes ☐ No Zip Country Country 24 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name LANES, JOHN 29 CÓQUINA RIDGE WAY Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32174** 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 registored agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE LANES, JOHN NAME 1.2 NAME 29 COQUINA RIDGE WAY 1.3 STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP Change Addition DELETE TITLE 3.13(1)(E NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CiTY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

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24.28

3R2E034 (10/97)

Change

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Addition

Addition

Addition

FILED

Apr 17 1998 8:00am

Secretary of State