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

PROFIT FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris 90 JUH 23 PH 1: 06 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 SLOREMARY OF STATE MELABASSEE, FLORIDA DOCUMENT # D Incorporated 100002914511--6 -06/24/99--01077--020 Principal Place of Business Mailing Address ****158.75 ****158.75 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 32209 2. Principal Place of Business 2a. Mailing Address Applied For 148-5058 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MCOMPSTATE! 82 83 84 City Jacksonville and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Elands. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Section 607.0505, Florida Statutes. -22-99 unner SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRES 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE Change TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRES STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2#P CITY-ST-ZIP 6.1 TITLE TITLE ☐ DELETE ☐ Change Addition 62 NAME NAME 63 STREET ADDRESS 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 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 at officer or director of the carporation 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.