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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077993

1. Corporation Name
FIG LEAF PRESS, Inc.

Principal Place of Business
1102 E. Ellicott ST
TAMPA, FLORIDA
33603

Mailing Address
P.O. BOX 8722
TAMPA, FL 33674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: September 9, 1997

2. Principal Place of Business
21: SAME AS Above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: Same As Above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3475912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
EDWIN L. GONZALEZ
12777 Walsingham Rd.
LARGO, FL 33774

10. Name and Address of New Registered Agent
81 Name: DIANA L. BLACKBURN
82 Street Address (P.O. Box Number is Not Acceptable): 1102 E. Ellicott ST.
83
84 City: TAMPA FL 85 Zip Code: 33603

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: DIANA L. BLACKBURN — Diana L. Blackburn — 1-15-98
Signature, typed or printed name of individual with authority to sign on behalf of corporation (NOT Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDWIN GONZALEZ DIRECTOR P.O. BOX 6042 PALM HARBOR FL 34684	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VICE PRESIDENT / TREASURER DIANA L. BLACKBURN P.O. BOX 8722 TAMPA FL 33674	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EDWIN GONZALEZ 12777 Walsingham Rd. Largo, FL 33774	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT / SECRETARY KAREN A. BARMORE P.O. BOX 8722 TAMPA FL 33674	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice President / Treasurer DIANA BLACKBURN 1102 E. Ellicott ST. TAMPA, FL 33603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	President / Treasurer Karen Barmore 1102 E. Ellicott ST. TAMPA, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	4/28	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300002504403 -04/29/98--01010--039 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: DIANA L. BLACKBURN — Diana L. Blackburn — 1-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #