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

FILED Mar 10 1998 8:00am **PROFIT** ELORIDA DE PARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000080435 (5) DOCUMENT # BEXLEY ORLANDO, INC. Principal Place of Business Mailing Address 2200 LUCIEN WAY 2200 LUCIEN WAY SUITE 350 SUITE 350 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3468495 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SAMAHA, STEVEN M ESO 201 N FRANKLIN ST Street Address (P.O. Box Number is Not Acceptable) **SUITE 2100** 83 **TAMPA FL 33602 B4** 85 Zip Code City 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 (NOTE: Registered Agent signature requ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELETE Change Addition 1.1 TITLE TITLE ABALKHAIL, SULAIMAN 1.2 NAME NAME 2200 LUCIEN WAY, STE 350 1.3 STREET ADDRESS STREET ADDRESS **MAITLAND FL 32751** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY+ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 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

6.1 TITLE 6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

X Iballehin)

3-3-1998 (407)875-9989

Change

Addition

10/97

CRZE034