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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90113 009 ***150.00

DOCUMENT # P97000080947

1. Corporation Name
ASTER LANE, INC.

Principal Place of Business	Mailing Address
21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996	21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **09/12/1997**	
21	26	4. FEI Number **65-0785828**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORTELL, EDWIN E 21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996	81 Name Mortell, Edwin E., III 82 Street Address (P.O. Box Number is Not Acceptable) 400 Flamingo Avenue 83 84 City Stuart FL 85 Zip Code 34996

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)_ Edwin E. Mortell, III _4/13/99_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME BARATTA, ROBERT O DR			
STREET ADDRESS 21 SOUTHEAST HARBOR POINT DRIVE			
CITY-ST-ZIP STUART FL 34996			
TITLE DV	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME BARATTA, SCOTT R			
STREET ADDRESS 21 SE HARBOR POINT DR			
CITY-ST-ZIP STUART FL 34996			
TITLE DV	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME BARATTA, GREGG P			
STREET ADDRESS 21 SE HARBOR POINT DR			
CITY-ST-ZIP STUART FL 34996			
TITLE DT	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME MORTELL, MELISSA A			
STREET ADDRESS 124 S E WELLS RD			
CITY-ST-ZIP STUART FL 34996			
TITLE DS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME BARRATA, CAROL			
STREET ADDRESS 21 SE HARBOR POINT DR			
CITY-ST-ZIP STUART FL 34996			
TITLE	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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 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, with all other like empowered.

SIGNATURE: _(signature)_ ROBERT O. BARATTA, MD _4-21-99_ _561-287-6151_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)