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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700089032 (1)

THE ROSSI'S OF MEADOW WOOD, INC. Principal Place of Business Mailing Address 2734 MEADOW WOOD DRIVE 2734 MEADOW WOOD DRIVE CLEARWATER FL 33761 CLEARWATER FL 33761 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 X Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSSI, CATHY J 2734 MEADOW WOOD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33761** 83 84 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 (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE + 1/4 TITLE 1.1 TITLE Change Addition ROSSI, ROBERT J NAME 1.2 NAME 2734 MEADOW WOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 33761** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change TITL F Pres + Trea. Addition 21 THTLE ROSSI, CATHY J NAME 22 NAME 2734 MEADOW WOOD DRIVE STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 33761** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME

6.4 CITY-ST-ZIP 7.1 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 it changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1.10 A. P. 111

DELETE

DELETE

Chalos

Change

Change

Addition

Addition

FILED

May 26 1998 8:00am

Secretary of State