FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For 2a. Mailing Address Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) в3 84 City Zip Code 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE 1.2 NAME 1 3 STREET ADORESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2 S TITLE 2 2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 City-St-ZiP 2124 CITY-ST-ZIP Change Addition TITLE 3 1 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP EITY-ST-ZIP Addition ☐ DELETE 5 1 TITLE 17.5 5.2 NAME 5 3 STREET ADDRESS STEET ADDRESS 5 4 CITY - ST - ZIP CIT+ \$1 - 2'P DELETE 6 1 TITLE TITLE -04/27/98--01052--002 6 2 NAME NAME ***150.00 6 3 STREET ADDRESS STREET ADDRESS 6.4 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.

SIGNATURE: