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

**FILED** Sep 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **1998** DIVISION OF CORPORATIONS P97000100973 (1) DOCUMENT # CONVERT-A-TUB OF FLORIDA, INC. Principal Place of Business Mailing Address 613 CHIRICO 613 CHIRICO NAKOMIS FL 34275 NAKOMIS FL 34275 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name WERTHEIMER, DENNIS 613 CHIRICO 82 Street Address (P.O. Box Number is Not Acceptable) NAKOMIS FL 34275 83 Zip Code 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1.1 TIME 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS NOKOMIS CITY-ST-ZIP 1.4 C(TY-ST-7)P DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition

941 960 0358 SIGNATURE

6.1 TITLE

6.2 NAME

6.3 STREE1 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 convoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

TITLE NAME

STREET ADDRESS

CITY-SI-ZIP