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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101662 (9)

TEAM EXPERIENCE, INC.

| Principal Place of Business | Mailing Addres |
|-----------------------------|----------------|
| 9367 FIRST ST. NE | 9367 FIRST S |
| ST PETERSBURG EL 33702 | ST PETERSRI |

FILED Apr 20 1998 8:00am Secretary of State



| l ' '''' | p | | u.ig r | | | | | 1 | |
|--|-------------------------------------|---|--------------------------|-------------------------------------|------------------|----------|---|---|--|
| | 7 FIRST ST. NE PETERSBURG FL 337 | 702 | | ist st. Ne Ersburg fl 331 | 702 | | | | |
| | | | | | | | | DO NOT WRITE IN THIS SPACE | |
| 1 | | | | | | | | 3. Date incorporated or Qualified | |
| | | | | | | | | 11/25/1997 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | • | 4. FEI Number 2110111 Applied For | | |
| 21 | | | | | | | 59-348 GOIO + Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | \$8.75 Additional | | |
| 22 27 | | | | | | | 5. Certificate of Status Desired Fee Required | | |
| | ity & State | | City & | State | | | | Election Campaign Financing \$5.00 May Be | |
| 23 | • | 28 | | | | | | Trust Fund Contribution Added to Fees | |
| | ip | Country | Zip | | | | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | • | 25 | 29 | | 30 | • | | Personal Property Tax due June 30. Yes No | |
| | 9 Name | and Address of Curre | | \aent | [30] | | | 10. Name and Address of New Registered Agent | |
| | | | | | 81 | T Na | ame | 10. | |
| | HERDEGEN, | | | | " |] '" | CITTO . | | |
| | 9367 FIR ST S | | | | 82 | St | reet Addre | ress (P.O. Box Number is Not Acceptable) | |
| | ST. PETERSE | BURG FL 33702 | | | | ↓_ | | | |
| | | | | | 83 | 1 | | | |
| | | | | | 84 | Ci | itu | 85 Zip Code | |
| | | | | | 04 | 7 | ır y | FL 69 2.17 Code | |
| 11. | Pursuant to the provis | sions of Sections 607.05 | 02 and 607.1508 | 3, Florida Statute | es, the abov | e-nai | med corpo | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered | |
| | office or regi ste red ag | gent, or both, in the Stati with, and accept the oblig | e of Florida. Suc | h change was a nn 607 0505 . Eld | authorized by | y the | corporation | tion's board of directors. I hereby accept the appointment as registered | |
| | · ./ . | 0 11 1 | | 311 001 100005, 1110 | oricia Dialolo | ъ. | | Eva Herdogen 2519-98 | |
| SIGN | NATURE Stonehue Voed | d or printed name of rugistured of | nt and title if applical | NOTE | E: Begistered Ag | ent sig | noature require | red when reinstating) DATE | |
| 12. | | | ID DIRECTORS | | 13. | | , | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | 7.5 | | | DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | 1 '' - | lopen tu | 2 . | - | 1.2 NAME | | | | |
| | TADDRESS 93/ | 1 JEVETS | + NE | | 1.3 STREET | 7 4000 | bree | | |
| | | 1 de vetros | A. 7 | 3702 | | | | | |
| CITY-: | SI-ZIP | 614 300 Q | 1 | DELETE | | S1 - ZIP | <u> </u> | Change Addition | |
| TITLE | 1172 | denous N. | Lhools | | 2.1 TITL€ | | | Citange Adminor | |
| NAME | Ter o | degen Mi | ME | J | 2.2 NAME | | | j | |
| STREE | TADDRESS 436 | 1 1121 31 | 100 7 | つつイク | 2.3 STREET | T ADDR | RESS | | |
| CITY- | ST-ZIP ST F | 41285bW\j | 9 FZ 3 | 2102 | 2. 4 CITY- | ST-ZIF | Ρ | | |
| TITLE | | • | | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | | 3.2 NAME | | | | |
| STREE | T ADDRESS | | | | 3.3 STREET | T ADDR | RESS | | |
| CITY- | ST- 21P | | | | 3.4. CITY- | ST-ZIP | P | | |
| TITLE | | | | DELETE | 4.1 TITLE | | 1 | ☐ Change ☐ Addition | |
| NAME | | | | | 4. 2 NAME | | | | |
| STREET | T ADDRESS | | | | 4.3 STREET | I ADOR | RESS | | |
| CITY- | | | | | 4.4 CITY - S | | i | | |
| TITLE | 91-211 | | ····· | DELETE | 5.1 TITLE | 31-211 | | Change Addition | |
| NAME | | | | | 5.2 NAME | | | Onengo Madition | |
| | ı | | | | | | | | |
| | T ADDRESS | | | | 5.3 STREET | | 1 | | |
| CITY | ST-ZIP | | | TT series | 5.4 CITY - S | ST - ZIP | ' | | |
| TITLE | | | | DELETE | 6.1 TITLE | | 1 | Change Addition | |
| NAME | | | | | 6.2 NAME | | | | |
| STREET | T ADORESS | | | | 6.3 STREET | r addr | RESS | | |
| CITY-S | ST-ZIP | | | | 6.4 City-S | 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 supplienced 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.

Type Herology 2-19-48