FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** Jun 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000105130) (3 REALTY CURPORATION Hill Harrison was a Principal Place of Business Mailing Address =2315 Newburg Dr. 2315 NEWBURYDR. Wellington, FC. DO NOT WRITE IN THIS SPACE wellington FL 3341Y 3. Date Incorporated or Qualified 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For 65-0804 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 Fav Be Election Campaign Financing Trust Fund Contribution П 23 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Capital Connection, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. Virginia Steed Steel Tallahussee, TL - 32301 84 City 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 Signature typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PIRCETUR 1.1 TITLE JOSEPH A. PIEGARI NAME · 2 NAME 2315 NEWBURT DE. STREET ADDRESS 1.3 STREET ADDRESS Wellington TC 33414 DIRECTOR CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change TITLE 2.1 TITLE DEIRDRA A. PICGARI 2.2 NAME NAME 2315 WILLIEURY PR STREET ADDRESS 2.3 STREET ADDRESS wellington the 33414 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS **43 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST DIP TITLE DELETE 61 TITLE Change Addition 1000002549181 -06/05/98--01076--033 NAME 6.2 NAME STREET ADORESS 63 STREET ADDRESS ***150,00

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 pringed, or on an attachment with an address. 561-753-JOSEPH A. PIEGARI 5-19-98 SIGNATURE:

6.4 CITY - ST - ZIP 14. Thereby 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