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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107680 (5)

CST LIMITED, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1178 ABBEY CIR NE 1178 ABBEY CIR NE PALM BAY FL 32905 PALM BAY FL 32905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 Suite, Apt #, etc \$8.75 Additional Suite, Apt #, etc Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. L. Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERMINGHAM, CARY A 1178 ABBEY CIR NE Street Address (P.O. Box Number is Not Acceptable) 82 PALM BAY FL 32905 83 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 Signature, typied or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE BERMINGHAM, CARY A NAME 1.2 NAME 1178 ABBEY CIR NE 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE BERMINGHAM, THELMA S 2.2 NAME NAME 1178 ABBEY CIR NE 2.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 5.4 City-St-ZiP Change Addition ☐ DELETE 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 address