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

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90093 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000003791**

1. Corporation Name
FSBO, INC.

Principal Place of Business	Mailing Address
496 NW 107 AVE CORAL SPRINGS FL 33071	496 NW 107 AVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 219 Lyle Lane 22 Suite, Apt. #, etc. 23 City & State: Boyne City, MI 24 Zip: 49712 25 Country: USA	2a. Mailing Address 26 P.O. Box 866 27 Suite, Apt. #, etc. 28 City & State: Boyne City, MI 29 Zip: 49712 30 Country: USA

3. Date Incorporated or Qualifed: 01/12/1998

4. FEI Number: 65-0812627 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MALKASIAN, TED
496 NW 107 AVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: TED MALKASIAN
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box~~
83: 3504 HUDSON LN
84 City: Boynton Beach FL 85 Zip Code: 33436

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: Ted Malkasian — 1-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MALKASIAN, TED 496 NW 107 AVE CORAL SPRINGS FL 33071	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE: PSTD 2.2 NAME: SUSAN L. MALKASIAN 2.3 STREET ADDRESS: 219 LYLE LN, P.O. BOX 866 2.4 CITY-ST-ZIP: BOYNE CITY, MI 49712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Susan L. Malkasian — 1-11-99 — 616-582-6817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #