FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 07, 2000 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 06-07-2000 90428 045 \*\*\*150.00 DIVISION OF CORPORATIONS <del>1998:</del> 2000 DOCUMENT # 00057454 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 2. Principal Place of Business Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent **Current Registered Agen** Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 85 Zip Code 607-1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered rida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607:0505, Elenda Statutes. 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change Addition 1,1 TITLE TITLE : 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 652 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Channe DELETE 2.1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CJTY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME ... STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP ☐ Change Addition DELETE 4,1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 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 Block 12 or Block 13 if changed, or on an attachment with an address.

OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: