FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State FILED **1999 DIVISION OF CORPORATIONS** P9800004413 DOCUMENT #7 99 JUN 25 PM L: 27 Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ELLETTER & ASSOCIATES Principal Place of Business Malling Address 7. Principal Place of Business Malling Address 3 Date Incorporated or Qualifet 6078 998 FEI Number Applied For BEACH VERO Not Applicable City & State City & State \$8.75 Additional BEACH 5. Certificate of Status Desired Fee Required Country 6. Election Campaign Financing \$5.00 May Be 25 30 Trust Fund Contribution Added to Fees Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent Name PELLETIER, CLAUDETTE A ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 6078 2012 St Vero Beach, Fr 83 84 City Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (11/98) OFFICERS AND DIRECTORS ALIDITION SHAPER'S TO DEED TO AMILORA CLOSS OF A [] DELETE TITLE 1.1 TITLE Change Addition NAME 12 NAME CR2E037 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 217ITLE Change Addition ALC: N. C. C. NAME 2.2 NAME 2090 SPAING PLACE STREET ADORES 2.3 STREET ADDRESS C/TY-ST-ZIP 2.4 CITY-ST-ZIP SO & Fles, DELETE TITLE 3.1 TITLE [] Change Addition PELLETIER, CLAUDETTE A NAME 3.2 NAME 6078 20TH STREET STREET ADDRESS 3.3 STREET ACCRESS **VERO BEACH FL 32966** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME -0010-00Th STREET ADOR 4.3 STREET ADDRESS VED 1 - ACH 1 - 09960 CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition SITTLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP MILE DELETE 61 TITLE Change Addition NAME R 2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 secure this report as required by Chapter 617, 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 approvement.

SIGNATURE: