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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000051029

1. Corporation Name
OPAL, INC.

Principal Place of Business	Mailing Address
4949 S. TAMIAMI TRAIL SARASOTA FL 34231	4949 S. TAMIAMI TRAIL SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1998
4. FEI Number: 65-0841677 ☐ Applied For ☐ Not Applicable
5. Certificate 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEVITT, SANDY
2201 RINGLING BLVD. SUITE 203
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: KEVIN DRAKE
82 Street Address (P.O. Box Number is Not Acceptable): 1343 MAIN STREET
83: SUITE #204
84 City: SARASOTA FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: SATWATH ALI - PRESIDENT — Satwathali — 4-22-99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALI, SATWATH		1.2 NAME		
STREET ADDRESS	3606 BENEVA ROAD #504		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALI, ANN M		2.2 NAME		
STREET ADDRESS	3606 BENEVA ROAD #504		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KASAPAKIS, CHRISTOS		3.2 NAME		
STREET ADDRESS	550 CHECKER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BUFFALO CREEK IL 60089		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KASAPAKIS, ANGELA		4.2 NAME		
STREET ADDRESS	5500 CHECKER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUFFALO CREEK IL 60089		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Satwathali — 4/26/99 — 941-921-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #