14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee an

## May 17, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARAMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 05-17-1999 90082 011 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98600059156 DIATOM INVESTMENTS CORP. ) INDIBL BIHL INDIL Boret iten Baten inn ten. 7 N 1 N 1 N 570103 - 7 Principal Place of Business 32070 Woodset Way 32070 Woodset Way Boca Raton, JL. 33428 Boca Raton, Jl. 22070 Woodset Way DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name tallone 82 Street Address (P.O. Box Number is Not Acceptable) 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE President Thomas Stallone 22010 Woodset Way 12 NAME 1.3 STREET ADDRESS STREET ADDRE Boca Raton, 1.4 OTTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition U-President DELETE 21 TITLE TITLE Diana Stallone 22010 woodset 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE 31 TMLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE S.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP