1999

1. Corporation Name



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90158 042 ***150.00

ARISTO CORP. Mailing Address Principal Place of Business 3730 21ST AVENUE SW 3730 21ST AVENUE SW NAPLES FL 34117 NAPLES FL 34117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip **⊠**No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PINTER, MICHAEL R ESQ. Street Address (P.O. Box Number is Not Acceptable) 4328 CORPORATE SQUARE SUITE C 83 NAPLES FL 34104 84 85 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ☐ Addition TITLE WARNEKE, DAVID 12 NAME NAME 3730 21ST AVENUE SW 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34117 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE WARNEKE, LEONA 22 NAME NAME 3730 21ST AVENUE SW 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34117 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034