PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret rry of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90022 039 ***150.00



M. B. ISOLAMPI, INC. Principal Place of Business Mailing Address 905 BALLARD ST..APT.E 905 BALLARD ST., APT.E ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/26/1998 Apriled For 2a. Mailing Address____ FEI Number 2. Principa Place of Business Not Applicable 26 21 \$8.75 A Iditional Suite, Apt. #, etc. Suite, Apt. #, etc П Certifc ite of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year intangible l∃No l Yes Persor al Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ISOLAMPI, MATT B Street Acdress (P.O. Box Number is Not Acceptable) 82 905 BALLARD ST., APT.E ALTAMONTE SPRINGS FL 32701 Zip Code City 85 84 F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, 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 circutors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOT): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE ISOLAMPI 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIF CITY-ST-ZIF Addition ☐ Change DELETE 2.1 TITLE TITLE 133 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS 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 ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 gither like empowered.

CITY-ST-ZIP

SIGNIFICEF OR DIRECTOR

CR2E034 (11/98)