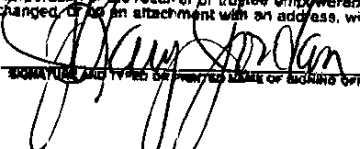


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90039 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000091279					
1. Corporation Name SQUALL VENTURES, INC.					
Principal Place of Business 2530 MONTEREY COURT WESTON FL 33327		Mailing Address 2530 MONTEREY COURT WESTON FL 33327			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE		3. Date Incorporated or Qualified 10/26/1998	
22 City & State 27		23 Zip 28		4. PEI Number APPLIED FOR	
24 Country 25		29 Country 30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JORDAN, GARY 2530 MONTEREY COURT WESTON FL 33327		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE PRESIDENT		☐ DELETE			
NAME GARY JORDAN					
STREET ADDRESS 2530 MONTEREY COURT					
CITY-ST-ZIP WESTON, FL 33327					
TITLE NAME		☐ DELETE			
STREET ADDRESS NAME					
CITY-ST-ZIP NAME					
TITLE NAME		☐ DELETE			
STREET ADDRESS NAME					
CITY-ST-ZIP NAME					
TITLE NAME		☐ DELETE			
STREET ADDRESS NAME					
CITY-ST-ZIP NAME					
TITLE NAME		☐ DELETE			
STREET ADDRESS NAME					
CITY-ST-ZIP NAME					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME		☐ Change ☐ Addition			
1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME		☐ Change ☐ Addition			
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME		☐ Change ☐ Addition			
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME		☐ Change ☐ Addition			
4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME		☐ Change ☐ Addition			
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME		☐ Change ☐ Addition			
6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
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 as an attachment with an address, with all other like empowered.					
SIGNATURE:  J. GARY JORDAN 4/8/99 954-349-3844					