SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

PILEU

ALLKE TARY OF STATE

POSTOR OF CORPORATIONS

99 SEP 23 AM 9:51

DOCUMENT # P98000091957

THE ULTIMATE PLACE, INC.

| Principal Place | | | | | 1200200 270 2700 1704 0024 0020 2700 0020 | 1878) 27848 28481 BJHJ 1878 1881 |
|--|---|----------------------------------|--|---|--|---|
| | e of Business | Mailing Address | | | | . 1816) 1964 Sec. Sec. 1864 1864 |
| | DOE ROAD | 1416 TIMBERIDGE ROA | o-Loc | op North | | |
| THIS TIMBERIDGE ROAD LOOP NORTH LAKELAND FL 3809 LAKELAND FL 3809 | | | | | DO NOT WRITE IN THIS | SPACE |
| 5131 | J. Florania | / | | | 3. Date Incorporated or Qualified | STAGE |
| Latern | U,F133813 | | | | 10/27/1998 | |
| | lace of Business | 2a. Mailing Address | , | / 1 5 | 4. FEI Number | Applied For |
| 5/31 | S FAS HUP. Suito > | 26 14/6Time | beride | Je La Nost | 59-354/19/ | Not Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | (| , , | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | | & Flation Company Figuresia | Fee Required |
| Intel | , i= / | 28 Lakeland, | FL | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Co | ountry) 1 | 8. This corporation owes the current year | |
| 13381 | 3 25 10 | 29 33809 | 30 | POIK | | Yes No |
| | 9. Name and Address of Curro | ent Registered Agent | | 81 Name | 10. Name and Address of New Registered A | Agent |
| CLA | IRK. RONALD L | | | 81 Name | | |
| | O CLEVELAND HEIGHTS BOUL | .EVARD | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| | ELAND FL 33813 | | | 83 | | |
| | | | | | | |
| | | | | 84 City | Fi | 85 Zip Code |
| 1 Pursuant | to the provisions of sections 607.05 | ing and 607 1508 Florida State | des the a | bove named corpo | pration submits this statement for the purpose of cha | anging its registered |
| office or i | registered agent, or both, in the Star | te of Florida Such change was | s authorize | ed by the corporati | ion's board of directors. I hereby accept the appoin | tment as registered |
| = | am familiar with, and accept the obli | igations of, section 607.0505, I | -lorida Sta | atutes. | | |
| IGNATURE . | Styliature typed or printed name of registered ag | gent and title if applicable | NOTE: Regis | tered Agent signature req | julred when reinstating) DATE | |
| <u>.</u> | | AND DIRECTORS | 13 | | ADDITIONS/CHANGES TO OFFICERS ANI | D DIRECTORS IN 12 |
| LF : | D | DELETE | 1.17 | TITLE | | Change Addition |
| tu [| DICIGLIO, VICKY | - 10 11- | 1.21 | NAME | | |
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