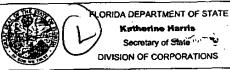
PROFIT CORPORATION ANNUAL REPORT



FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90043 025 ***150.00

ANNUAL REPORT 1999	Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # PS 1. Corporation Name STEPHEN NICHOLSON, II	18000107608 V
Principal Place of Rusiness	Majling Address

P.O. BOX 1861 P.O. BOX 1861 JENSEN BEACH FL 34958 JENSEN BEACH FL 34958 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/28/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-088525 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May 8e City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible
Personal Property Tax. Country Country ZIp Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NICHOLSON, STEPHEN Street Address (P.O. Box Number is Not Acceptable) **670 NE STUART AVE** STUART FL 34994 Jensen Beach 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, Seotles, 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE **CR2E034** NICHOLSON, STEPHEN 1.2 NAME NAME 670 NE STUART AVE 1.3 STREET ADDRESS STREET ADDRES 34957 STUART FL 34994 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE IIILE 2.1 TITLE 22NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY-ST-ZP CITY-ST-ZIP Change ☐ Addition DELETE à (TITLE MLE 3.2 NAME NAME STREET ADORES 3.3 STREET ADDRES 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4 2 NAME MALE 43 STREET AIYORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-57-ZIP CITY-ST-ZIP ☐ Addition Change 6.1 TITLE DELETE TITLE 62 NAME HALE 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 skinature 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.

8.4 CITY-5T-ZIP

SIGNATURE:

Dete

Daybre Phone #