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

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

FILED Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S11526 MICA INNOVATIONS OF TAMPA BAY, INC. Principal Place of Business Mailing Address 7166 118TH STREET NORTH 7166 118TH STREET NORTH SEMINOLE FL 34642 SEMINOLE FL 34642 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3048157 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FENNELL, DANNY 8235 39TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33709 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Begistered Agent signature required when re-ostating) Signature, typed or printed transcot regulared agent and title it apple able OLFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition 1.1 TITLE TITLE FENNELL, DANNY 1.2 NAME NAME 7166 118TH ST NO STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 1.4 City - ST - ZIP CITY - S1 - ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-SI-ZIP DELETE Change Addition TITLE 3.1 1/11 F NAMÉ 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CHY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS 64 CITY - ST - ZIP 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 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. (3 if changed, or on an atfacting entire twith an address.)

61 DILE

6.2 NAME

Change

Addition

DELF TE