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

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name S16246 (8)EIGHT HUNDRED, INC. Principal Place of Business Mailing Address 204 PARK LAKE ST 800438 ONTARIO LIMITED ORLANDO FL 32803 61 DELATER ST DO NOT WRITE IN THIS SPACE NIAGARA ON THE LAKE ON LOSIJ 3. Date Incorporated or Qualified 11/30/1990 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 65-0228798 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EGAN. THOMAS F 204 PARK LAKE STREET 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 63 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, a doubt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent if am familiar with, and accept the objection 607 0505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 11 TITLE TITLE **FURTNEY. PHILIP LEROY** 1.2 NAME CRIESS PERSON NAME P.O. BOX 2139 N/A 1.3 STREET ADDRESS STREET ADORESS ST. MARYS ON CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 corpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or in attachment with a laddress.

CITY-ST-7IP

SIGNATURE:

FILED