SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL 20 AM 10: 36 DOCUMENT #
1. Corporation Name S16833 (3)SECTIFIALLY OF STATE S & C EAST, INC. Principal Place of Business Mailing Address 513 HIGHLAND DR 513 HIGHLAND DR CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/03/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3054927 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARONE, WALTER E 513 HIGHLAND DR Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707-1513 83 84 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. 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 applicative (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 11 TITLE DELETE BARONE, WALTER E NAME 1.2 NAME -07/24/38--01005--001 513 HIGHLAND DR STREET ADDRESS 1.3 STREET ADDRESS ****150.00 CASSELBERRY FL ****150.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change : DELETE BARONE, EDNA NAME 2.2 NAME 513 HIGHLAND DR 2.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL. 20x0 2.4 CITY-ST-ZIP CITY-ST-ZIP Change 3.1 TITLE TITLE DELETE ____ Addition DONNELLY, SANDRA R NAME 3.2 NAME 709 BROKWAY AUE **528 GRANDVIEW WAY E** 3.3 STREET ADDRESS STREET ADDRESS ORlando Fl 32807 CASSELBERRY FL CITY-ST-ZIP 3.4 CITY-ST-ZIP 4 1 TITLE TITI F DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE ___ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 on an attachment with an address

6.4 CITY-ST-ZIP

CITY-ST-ZIP

14. 3 201-440

(2/38)

Dear mrs Peck:

I spoke with Shirty;

July 20, 1998 regularing ove

Report filing. She instructed

me to send the form and original

Check for 150.00 to you. The first

one was sent to the wrong desk.

I was assured twice now that

we should not have to pay

550.00 Because we never

received the original form.

ony quistions please contact me at (407) 381-4490

> Shank you, Sandic L. Donnesey