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

PROFIT CORPORATION ANNUAL REPORT 1998 Principal Place of Business 317 W KALEY ST ORLANDO FL 32806 2. Principal Place of Business 21 Suite, Apt. #, etc. 22

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED Jan 15 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS DOCUMENT # \$18056 (9)COMMERCIAL SYSTEMS ENTERPRISES, INC. Mailing Address 317 W KALEY ST ORLANDO EL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1990 2a. Mailing Address 4. FEI Number Applied For 59-3117884 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BECHTEL, STEVEN R. 225 E ROBINSON ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 83 ORLANDO FL 32802 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, 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TiTLE 1.1 TITLE Change CONDREY, HAL D. NAME 1.2 NAME 317 W KALEY ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITI F 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP supplied with this/fil

ing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inside employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report officer or director of the corporation. he receive Block 12 or Block 13

SIGNATURE