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FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE:

Apr 20 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S28552 (5)OCEAN SIDE BAY COMPANY, INC. Principal Place of Business Mailing Address 6586 UNIVERSITY BLVD 6586 UNIVERSITY BLVD. WINTER PARK FL 32782 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3121814 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONTELLA, ROBERT M. 6586 UNIVERSITY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE CONTELLA, ROBERT M. NAME 1.2 NAME CR2E034 6586 UNIVERSITY BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY - \$1 - 71P 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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. SIGNATURE: R.M. CONTELIA 4-1-98 407-657-5433 R.M. CONTELLA 4-1-98 407-657-5433

FILED