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

Apr 24 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 # S31001 (8) J.R.& S. OF ORLANDO, INC. Principal Place of Business Mailing Address 1037 S.R. 434 1037 S.R. 434 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3052904 21 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 \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 81 SUBHAN, ABDUL 1422 MOORLAND COURT 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City 85 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 pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) R2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition SOBHAN, ABDUL 1.2 NAME NAME 1422 MOORLAND CT. 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

Alelus As

04- 05-01-28

FILED