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

FILED May 12 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S41081 (8) M. S. BILLIB, INC. Principal Place of Business Mailing Address 4717 OAK FOREST DRIVE WEST 4717 OAK FOREST DRIVE WEST SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0246608 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name R1 BILLIB, MARILYN S. **4717 OAK FOREST DRIVE WEST** 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 City 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE BILLIB, MARILYN S. NAME 1.2 NAME 4717 OAK FOREST DR W STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE 22 NAME NUME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME

6.3 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 Block 12 or Block 13 if changed on an articles.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP