FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90164 017 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILE NOW

PROFIT CORPORATIONS, INC.
ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1991
4. FEI Number: 65-0280767
5. Certificate of Status Desired ☐ $8
6. Election Campaign Financing Trust Fund Contribution ☐
7. This corporation owes the current year Personal Property Tax. ☐
8. Name and Address of New Registered Agent (Post Office Box Number is Not Acceptable)
9. Name and Address of Current Registered Agent

Mailing Address: 490 N HARBOR CITY BLVD, MELBOURNE, FL 32935, US

24a. Mailing Address
24b. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

24A. WOLTER, DAVID A.
4785 CHARING CROSS RD.
SARASOTA FL 34241

S1. Name
S2. Street Address (P.O. Box Number is Not Acceptable)
S3.
S4. City: FL
S5. 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, date or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when filing.

DATE

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. PO UNDERHILL, J. III L
490 NORTH HARBOR CITY BLVD
MELBOURNE FL

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13.
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition
7.1 TITLE / 7.2 NAME / 7.3 STREET ADDRESS / 7.4 CITY-ST-ZIP — ☐ Change ☐ Addition
8.1 TITLE / 8.2 NAME / 8.3 STREET ADDRESS / 8.4 CITY-ST-ZIP — ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: 2/5/99 Date

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

407-242 Daytime Phone #

Corporate (11/98)