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

FILED Feb 09 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)STORM PROOF BOOFING, INC. Principal Place of Business Mailing Address 6874 CALLE DEL PAZ SOUTH 6874 CALLE DEL PAZ SOUTH BOGA RATON FL 33433 BOCA RATON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1991 4. FEi Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0286906 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 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NAFFZIGER, KENT 6874 CALLE DEL PAZ SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 Zip Code FI 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. TITLE DELETE 1.1 TITLE ☐ Change NAFFZIGER, KENT NAME 1.2 NAME 6874 CALLE DEL PAZ SOUTH STREET ADDRESS 1,3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change NAME NAFFZIGER, KENT 2.2 NAME 6874 CALLE DEL PAZ SOUTH STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP

6.4 CITY - ST - ZIP CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information length 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 after receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an anatonment with an agdress. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual rep officer or director of the corporation or the receiver or trust

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

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