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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21915

1. Corporation Name
MIRAGE EAST, INC

Principal Place of Business	Mailing Address
7588 EAGLE CREEK DR SARASOTA, FLA 34243	7588 EAGLE CREEK DR SARASOTA, FLA 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7588 EAGLE CREEK DR
Suite, Apt. #, etc. 22
City & State 23 SARASOTA, FLA
Zip 24 34243 Country 25

2a. Mailing Address
26 7588 EAGLE CREEK DR
Suite, Apt. #, etc. 27
City & State 28 SARASOTA, FLA
Zip 29 34243 Country 30

3. Date Incorporated or Qualified
03/18/1992

4. FEI Number
59-3312381
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TARASI, LOUIS
3278 MASTERS DR
CLEARWATER, FLA 34621

10. Name and Address of New Registered Agent
81 Name TARASI, MARIA
82 Street Address (P.O. Box Number is Not Acceptable) 7588 EAGLE CREEK DR
83
84 City SARASOTA FL 85 Zip Code 34243

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 MARIA TARASI Maria Tarasi 4-22-98
Signature and typed or printed name of individual with authority to sign on behalf of corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MORRISON, ROBERT G	12 NAME	
STREET ADDRESS	1000 PAXTON	13 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17104	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 added above or on an attachment with an address.

SIGNATURE: Robert A Morrison
ROBERT MORRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98 1-800-965-7289
Date Daytime Phone #

CR2E034 (10/97)