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

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V23179 BT MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 544 20TH AVENUE P.O. BOX 5332 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 34635 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PO BOX Not Applicable 21 59-3109399 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 🔀 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMALL, JANE D. 544 20TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) INDIAN ROCKS BEACH FL 33785 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition DELETE PD 1.1 TITLE Change TITLE NAME SMALL, STEPHEN 1.2 NAME 544 20TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE SMALL, JANE NAME 2.2 NAME 544 20TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIE

14. Thereby 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.

FILED