FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 06, 1999 8:00 am CORPORATION **Katherine Harris** ANNUAL REPORT **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 1999 05-06-1999 90019 047 ***150.00 DQCUMENT # CORP. CARDI 9 8 7 3 498735 - 90019 - 47 Principal Place of Business Mailing Address Commodore Pr SaME DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Applied For 2. Principal Place of Business 2a. Mailing Address 65-0332640 14 Quay side 114 Quarside Dr 26 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be upiler Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Same Commodore 82 Street Address (P.O. Box Number is Not Acc uayside 83 Diler 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. 4-22-9 Kichard Kansier SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE Change ☐ Addition TITLE 1.1 TITLE Richard Bansier CR2E034 quay side Dr NAME 1.2 NAME Commodore 14 CITY-ST-ZIP CITY-ST-ZIE ☐ DELETE ☐ Addition 2.1 TITLE JupiTer, FL 334) Egral 1244siel 2.2 NAME commodore 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Addition ☐ DELETE TITLE ☐ Change 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 trusted 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 or an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNI

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