SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Aug 19 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6) EARL INCORPORATED Principal Place of Business Malting Address 10466 ROOSEVELT BLVD 909 VALLEY VIEW CIRCLE ST. PETERBURG FL \$3716 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 59-3130693 Not Applicable Suite, Apt. #, etc. Sulte, 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 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BERLO, KELLY C 909 VALLEY VIEW CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 84 City 85 Zip Code 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 reinstaling) CRZE034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME BERLO, PAUL J 1.2 NAME 909 VALLEY VIEW CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BERLO, KELLY C 2.2 NAME NAME 909 VALLEY VIEW CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE __ Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME $ho_{\mathcal{E}}$

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

***550.00

FILED

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. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KOONBURINEQUEED