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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # V51622 (1)I.L.D. VENTURES INC. Principal Place of Business Mailing Address 5901 ALMADEN DR. 5901 ALMADEN DR. NAPLES FL 33999 NAPLES FL 33999 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/17/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5901 ALMADEN DIR ALMADEN DR 5901 65-0345131 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State NAPLES City & State \$5.00 May Be 6. Election Campaign Financing NAPLES RL Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible LOLLIER COLLER 25 29 34119 Personal Property Tax due June 30. **⊠**.Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUBOW, IRVINE L. 5901 ALMADEN DR. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE TITLE 1.1 TITLE Change NAME DUBOW, IRVINE L. 1.2 NAME STREET ADDRESS 5901 ALMADEN DR. 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DEVELLE 2.1 TITLE Change Addition DUBOW, LILLIAN NAME 2.2 NAME 5901 ALMADEN DR. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ___ Change ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

CR2E034

Change

Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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, On an attachment with an address. 1/7/98 MAREQUIRED 941-353-5948

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP