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

May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (5)PAULETTE ENTERPRISES INC. Principal Place of Business Mailing Address 1289 SAN CHRISTOPHER 1403 57TH AVENUE, W. DUNEDIN FL 34808 **BRADENTON FL 34207** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1992 2a. Mailing Address 2. Principal Place of Business Applied For 1289 San Christopher 65-0346076 21 Not Applicable Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State ity & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name / Stephanie Eggell 81 RACHIDE, JOHN 1403 57TH AVE. W. Street Address (P.O. Box Number is Not Acceptable) 82 **BRADENTON FL 34209 B**3 City Zip Code Dunida 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. Lam familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. Change DELETE Addition TITLE 1.1 TITLE NAME PAULETTE, JOHN A 1.2 NAME 1403 57TH AVENUE, W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITL€ NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 or an attachment with an address.

John O Porlate TI

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