FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Apr 29, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 1999 04-29-1999 90284 035 ***150.00 DOCUMENT # \ 1. Corporation Name ı immili mimmi dilik bişaş mişli 1881 ilki 1881 5 2 5 7 2 452572 - 90284 - 35 Principal Place of Business Mailing Address 1-Commodore D DO NOT WRITE IN THIS SPACE upiTer, FL 3347 3. Date Incorporated or Qualifed Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Jugiler *Trust Fund Contribution -Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. □No **∑**Yes 10. Name and Address of New Registered Agent ichard Ransier br Same 83 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 CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ichard Ransier DELETE Change 1.1 TITLE ☐ Addition TITLE commodoreDr 1.2 NAME 114 Quayside Dr Jupiter FL 33477 NAME STREET ADDRESS 1.3 STREET ADDRESS upiter FL 334) CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE 2.1 TITLE Change ☐ Addition rol Ransier Dr i commodore Dr igner FL 3347) 22 NAME 114 Quayside Dr Supiter FL 33477 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE TITLE ☐ Change ☐ Addition 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 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 attack

SIGNATURE:

Daytime Phone