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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79284

1. Corporation Name

KATHERINE I. HUMMEL, P.A.

Principal Place of Business	Mailing Address
1735 Flamingo Dr. Orlando, FL 32803	1735 Flamingo Dr. Orlando, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1984

2. Principal Place of Business 21 237 Lookout Place	2a. Mailing Address 26 237 Lookout Place	4. FEI Number 59-2372711	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Maitland, FL	City & State 28 Maitland, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 32751 / 25 Orange	Zip / Country 29 32751 / 30 Orange	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HUMMEL, KATHERINE
1735 Flamingo Dr.
Orlando, FL 32803

10. Name and Address of New Registered Agent

31 Name: ALDO ICARDI

32 Street Address (P.O. Box Number is Not Acceptable): 237 Lookout Place, Suite 100

33

34 City: Maitland **FL** 35 Zip Code: 32751

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] ALDO ICARDI 5-13-98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUMMEL, KATHERINE I. 1735 Flamingo Dr. Orlando, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Add 237 Lookout Place, Suite 200 Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS HUMMEL, MICHAEL G. 1735 Flamingo Dr. Orlando, FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Add 237 Lookout Place, Suite 200 Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Add S ICARDI, ALDO 237 Lookout Place, Suite 100 Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add JGH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add 800025050588 -06/08/98--01020--021 ***150.00

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: [signature] See (407) 647-1859
4/27/98