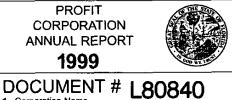
PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90041 032 ***150.00

1. Corporation Name T-33, INC. Mailing Address Principal Place of Business 200 S ORANGE AVE 200 S ORANGE AVE SUITE 2800 **SLITE 2800** DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 US 3. Date Incorporated or Qualifed US 06/15/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3014269 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State Election Campaign Financing \$5.00 May Be City & State ٠. Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Zip Country Zio ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ARIKO, JOHN G JR. Street Address (P.O. Box Number is Not Acceptable) 82 271 PRESCOTT DRIVE ORLANDO FL 32809 83 84 City 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) R2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE **PSD** 11 TM F TITLE ARIKO, JOHN G JR. 1.2 NAME NAME 271 PRESCOTT DRIVE 1.3 STREET ADORESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-78P

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

2.35