CORPORATION
ANNUAL REPORT
1991

CORPORATION
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE OF $61.25 REQUIRED
DOCUMENT #017109 (0)

THE CORPORATION COMPANY
% C.T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324-2630

If above address is incorrect in any way, enter the correct address in item 2 Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida
06/23/1925

4. FEI Number
51-0099484

5. FEI Number Not Applicable

S8.75 Additional Fee required for a Certificate of Status

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over or incorrect information.)

P/D

THORNE, OAKLEIGH
THORNE, OAKLEIGH B.
1209 ORANGE STREET
WILMINGTON, DE

T
FINORA, JOSEPH J.
1209 ORANGE STREET
WILMINGTON, DE

V/D
KELLY, JOHN D.
1209 ORANGE STREET
WILMINGTON, DE

S
MILONE, THERESA
1209 ORANGE STREET
WILMINGTON, DE

A/S
ALLEN, DONALD R.
8751 W BROWARD BLVD
PLANTATION, FL

V/D
GRIMTON, HERBERT R.
1209 ORANGE STREET
WILMINGTON, DE

REGISTERED AGENT INFORMATION

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

81. Name

82. Street Address 1 (Do NOT Use PO Box Number)

83. Street Address 2 (Do NOT Use PO Box Number)

84. City

FL

85. Zip Code

9. Pursuant to the provisions of Sections 607-609 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. Each 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 607.5005, Florida Statutes.

SIGNATURE
(Registered Agent Accepting Appointment)

DATE
6-24-91

10. I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE

DATE

Type/Print Name

Joseph J. Finora
Treasurer

Telephone Number (Not Available) ( )