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

**PROFIT** FLORIDA DEPARTMENT OF STATE Para Carrier Carrier CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 HAY -1 AM 10: 29 DOCUMENT # F9600000938 (8) SECRETARY OF STATE TALLARASSEE FLORIDA SPECIAL COUNCEL, INC. Counsel, Inc Principal Place of Business Mailing Address 18 S. CALVERT ST 16 S. CALVERT ST **BALTIMORE MD 21202 BALTIMORE MD 21202-1301** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 551 Atlantic BIVD 177 CROSSWAYS PARK DR. 52-1736703 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required City & State
TACKSONVILLE City & State 6. Election Campaign Financing \$5.00 May Be NOODBURY, Trust Fund Contribution Added to Fees 32207 8. This corporation has liability for intangible tax under s. 199.032, NAJSAU Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 100002200121--06/03/97--01089--006 83 \*\*\*\*165.[[] \*\*\*\*\*165...[] 84 City 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 (NOT) Registered Agent signature regarded when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE 111016 Change Addition TITLE DEWAN, DEREK E NAME 1.2 NAME 6440 ATLANTIC BLVD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-2IP 1.4 CITY - \$1 - 7IP Change DELETE 57A Addition 2.1 ⊞[[€ TITLE ABNEY, MICHAEL D HOFFMAN, STEPHEN A NAME 2.2 NAME 6440 ATLANTIC BLUD 3701 TAYLORSVILLE RD #1 STREET ADDRESS 2.3 STREET ADDRESS **LOUISVILLE KY 40220** TACKSONVILLE, FL 32211 CITY-ST-ZIP 2 4 CHTY-ST-ZIP Change 🔲 DELFTE 31 TITLE ■ Addition TITLE BLACK, LAURA B NAME 3.2 NAME 16 S. CALVERT ST. SUITE 501 STREET ADDRESS 3.3 STREET ADDRESS **BALTIMORE MD 21202** CITY - ST - ZIP 3 4. CITY - ST- 7IP DELETE Change Addition TITLE 4.1 HILE NEUMANN, MARK D NAME 4.2 NAME 16 S. CALVERT ST, SUITE 501 STREET ADDRESS 4.3 STREET ADDRESS **BALTIMORE MD 21202** 4.4 CITY-ST-7/P CITY-ST-ZIP DELETE Change AVP Addition TITLE 5.1 TITLE ABNEY, MICHAEL D CALABRO, ROBERT NAME 5.2 NAME 6440 ATLANTIC BLVD 177 CROSSWAYS PARK DR. WOODBURY, NY 11797 STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

(516) 682-1400

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

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