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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000082614 (6)**

1. Corporation Name
ARMOHOVI, INC.

Principal Place of Business	Mailing Address
C/O SOUTH CAMPUS ASSOCIATES 134 N EAGLEVILLE RD STORRS CT 06268	C/O SOUTH CAMPUS ASSOCIATES 134 N EAGLEVILLE RD STORRS CT 06268-1707

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: % South Campus Assoc.
22: 134 N. Eagleville Rd PO 139
23: STORRS, CT
24: 06268
25: Country

2a. Mailing Address
26: % South Campus Assoc.
27: 134 N. Eagleville Rd P.O. 139
28: STORRS, CT
29: 06268
30: Country

4. FEI Number: 65-0547289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KAY, JAMES R P.A.
580 VILLAGE BLVD.
SUITE 160
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

61 Name: KAY, JAMES R.
62 Street Address (P.O. Box Number is Not Acceptable): EAST TOWER, SUITE 900
63: 777 SOUTH FLAGLER DR.
64 City: WEST PALM BEACH FL 65 Zip Code: 33401

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: James R. Kay — James R. Kay — 4/28/1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERSON, OWEN M	1.2 NAME	
STREET ADDRESS	134 N EAGLEVILLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STORRS CT 06268	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: ARMOHOVI, INC. — W. Owen M. Sanderson, President — 4/28/97 — 561 842 3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Owen M. Sanderson, President