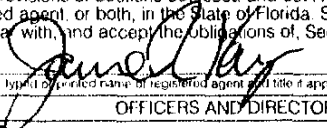
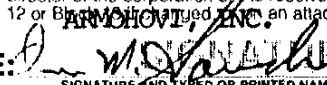


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

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 C/O SOUTH CAMPUS ASSOCIATES 134 N EAGLEVILLE RD STORRS CT 06268			Mailing Address C/O SOUTH CAMPUS ASSOCIATES 134 N EAGLEVILLE RD STORRS CT 06268-1707		
2. Principal Place of Business 21 40 SOUTH CAMPUS ASSOC. Suite, Apt. #, etc. 22 134 N. EAGLEVILLE RD PD 139 City & State 23 STORRS, CT Zip 24 06268		2a. Mailing Address 25 40 SOUTH CAMPUS ASSOC. Suite, Apt. #, etc. 27 134 N. EAGLEVILLE RD PD 139 City & State 28 STORRS, CT Zip 29 06268		3. Date Incorporated or Qualified 11/08/1994 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0547289 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 81 Name KAY, JAMES R. 82 Street Address (P.O. Box Number is Not Acceptable) EAST TOWER, SUITE 900 83 777 SOUTH FLAGLER DR. 84 City WEST PALM BEACH FL 85 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 DATE 4/28/97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 of this report as an attachment with an address.					
SIGNATURE:  Owen M. Sanderson, President DATE 4/28/97 DAYTIME PHONE 5618423700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)