

FILED Mar 26, 2002 8:00 am Secretary of State

03-26-2002 90091 047 ***158.75

Induprop, Inc. DO NOT WRITE IN THIS SPACE B0051454 2. Principal Place of Business 901 Sixth Street Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address IN THIS SPACE this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named eg SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE Herbert M. Dovidson, Tr. NAME NAME 901 Sixth Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Daytona Beac. CITY-ST-ZIP Marc L. Davidson 901 Sixth Street Daytona Beach, Fl 32117 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Daytena Black, FL 32117 DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Jonathan D. Kaney, Jr. NAME NAME 90161x+h Street STREET ADDRESS STREET ADDRESS Daytona Beach, CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE David R. Kerball 901 Sixth Street Daytona Beach, Fl 32117 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplied that it am an 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

CR2E034B (12/01)