

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

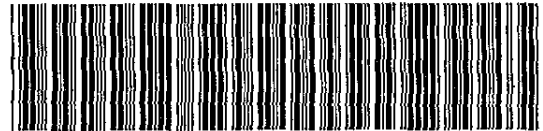
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]


Office Use Only



400037809274

6-30-80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT</p>	 <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p> <p>1980</p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>AND FILED</p> <p>JUN 30 10 39 AM 1980</p> <p>FLORIDA DEPT. OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p>
---	---	--

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <p>017109 THE CORPORATION COMPANY C/O C T CORPORATION SYSTEM 100 WEST 10TH STREET WILMINGTON, DEL 19899</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
---	--

<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>6/18/1925</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p>51-0099484</p>	<p>5. Date of Last Report</p> <p>1979</p>
---	---	---

6. Name and Street Address of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
THORNE, OAKLEIGH	P/D	100 W. 10TH ST.	WILMINGTON, DE
STEPHENSON, HORACE	V/D	100 W. 10TH ST.	WILMINGTON, DE
DEMPSEY, ALFRED	S/D	100 W. 10TH ST.	WILMINGTON, DE
MCLELLAN, DAVID			
HOPKINS, THOMAS	T	100 W. 10TH ST.	WILMINGTON, DE
ALLEN, DONALD R. (ASST)	S	100 BISCAYNE BLVD.	MIAMI, FL
KELLY, ROBERT J. (ASST)	S	118 1/2 E. JEFFERSON ST	TALLAHASSEE, FL

<p>7. Registered Agent Information</p> <p>Name C T CORPORATION SYSTEM</p> <p>Street Address (Do NOT Use P.O. Box Number) 100 BISCAYNE BLVD.</p> <p>City, State and Zip Code MIAMI, FL 33132</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p> <p><i>kg 6-30-80</i></p>
---	---

See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

<p>Typed Name of Signing Officer DAVID R. MCLELLAN</p> <p>Signature <i>David R. Mclellan</i></p>	<p>Title TREASURER</p>	<p>Telephone Number _____</p> <p>Date June 27, 1980</p>
--	----------------------------	---