THE NOW THING THE ATTER MAY 1 IS \$225 OF

| PROFIT CORPORATION ANNUAL REPORT 1996 | | Sandra Secre | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | |
|--|--|--------------------------------|---|--------------|------------------|------------------------------|--|----------------------------------|---|
| 1. Corporation I | MENT # Name IENY IMPORTS | 356375 5, INC. | 6) | | | | | | 1 |
| Principal Place o | of Business | | Mailing Address | | | | 1 | OOL EIK BION OR | |
| 10277 ATLANTIC BLVD JACKSONVILLE FL 32225 | | | 10277 ATLANTIC BLVD JACKSONVILLE FL 32225 | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 12/08/1969 | 3a. Date of | Last Report 1/17/1995 |
| 2. Principal Place | ne of Business | | 2a. Mailing Address | | | | 4. FEI Number 59-1278015 | | Applied For Not Applicable |
| Suite, Apt. #. | , etc. | | Suite, Apt. #, etc. | | | · | 5. Certificate of Status Desired | ; | \$8.75 Additional Fee Required |
| Gity & State | | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| [Ζφ [24] | [Co∪ 25] | · . | Zip 29] | 30 C | ountry | | 8. This corporation has liability for in Florida Statutes X Yes | ntangible tax u | inder s 199.032, |
| | 9. Name and Ad | dress of Current Re | gistered Agent | | 81 | Namo | 10. Name and Address of New R | egistered Ag | ent |
| 10277 | ENY, RAYMOND A ATLANTIC BLVD SONVILLE FL 322 | | | | 82 | | dress (P.O. Box Number is Not Acceptab | le) | |
| | | | | | 84 | City | | FL | 85 Zip Code |
| or registere familiar with | d agent, or both, in- | the State of Florida. § | d 607.1508, Florida Statu Such change was authori 507.0505, Florida Statute | zed by the | bove t e corp | named corpo oration's kio | oration submits this statement for the pur ard of directors. I hereby accept the appr | pose of chang pintment as rec | ing its registered office gistered agent. I am |
| SIGNATURE | Signature, typed or printed ru | an olof registered agent and I | | Oli: Registe | rud Ager | it signature requi | red when reinstating! | DATE | |
| 12. | n | OFFICERS AND D | | 13 | | | ADDITIONS/CHANGES TO OFF | | ·· |
| Ti).E | MERROW, J | III IA A | DELETE | | 1 TITLE | | | L.I. | Change |
| NAME STREET ADDRESS | 10277 ATLA | | | | NAME | ADDRESS | | | |
| CHY-SI-ZIP | JACKSONVI | | | | 1 OTY-S | 1 | | | |
| HILE | CTD | | DELETE | · | 1 TITLE | | The state of the s | | Change |
| NAM: | MATHENY,L | AWRENCE SR. | | 22 | NAME | | | | |

| | E BION DISA DISA | |
|--|------------------|--|

| SIGNATURE | Signature, typed or printed man g of registered agent and little if | Faculti ablo (NO) | TE. Registered Agent signature requir | and whose rain stational | DATE | | |
|--|---|-------------------------|--|--|--|--------------|--|
| 12. | | OFFICERS AND DIRECTORS | | | NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| Till.E | D | DELETE | 1. 1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | MERROW, JULIA A | | 1.2 NAME | | | | |
| STREET ADDRESS | 10277 ATLANTIC BLVD. | | 1.3 STREET ADDRESS | | | | |
| City - St - ZiP | JACKSONVILLE FL | | 1.4 C)TY - ST - ZIP | | | | |
| HILE | CTD | DELETE | 2 1 TITLE | | ☐ Change | Addition | |
| NAM: | MATHENY, LAWRENCE SR. | | 2.2 NAME | | | | |
| STREET ADDRESS | 10277 ATLANTIC BLVD. | | 2.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | | | |
| THE | PD | DELETE | 3 1 TITLE | | ☐ Change | Addition | |
| NAME | MATHENY, RAYMOND A. | | 3.2 NAME | | | | |
| STREET ADDRESS | 10277 ATLANTIC BLVD. | | 3.3 STREET ADDRESS | | | | |
| CITY - ST - 71F | JACKSONVILLE FL | | 3.4 CITY-\$1-ZIP | | | | |
| TITLE | SD | ☐ DELETE | 4. 1 TITLE | | ☐ Change | ☐ Addition | |
| NAMt | BECK, KATHY M. | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CH1Y - S1 - ZIP | JACKSONVILLE FL | | 4.4 CITY - ST - ZIP | | | | |
| TOTALE | | ☐ DELETE | 5. 1 TITLE | | ☐ Change | Addition | |
| NAME | | | 5 2 NAME | | | | |
| STREET AFFORESS | | | 5 3 STREET ADDRESS | | | | |
| CHY-ST-ZIF_ | | | 5 4 CHTY - ST - ZIP | | | | |
| THEF | | ☐ DELFTE | 6. 1 TITLE | | ☐ Change | ☐ Addition | |
| NAM: | | | 62 NAME | | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | | |
| C-14-\$1-74 | | | 64 CHY-ST-ZIP | | | | |
| certify the oath; the | kry certify that the information supplied with this at the information indicated on this annual reput tem an officer or director of the compactor in Block 12 or Block 13 if changes. In or all a | ort or supplemental ann | ual report is true and accur e empowered to execute the | rate and that my signature shall hav nis report as required by Chapter 60 | e the same legal effect as if | f made under | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DE CONTINUE PROPER DE CONTINUE | | | | | | | |