FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sahora B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1996 363079 **DOCUMENT #** TOTURA AND ASSOCIATES, INC. Mailing Address Principal Place of Business 701 E. COMMERCIAL BLVD SUITE 300 P.O. 100009 FT. LAUDERDALE, FL 3. Date Incorporated or Qualified | 3a. Date of Last Report FT. LAUDERDALE, FL 33334 4-24-1970 FEI Number Applied For 2s. Mailing Address 2. Principal Place of Business Not Applicable 58-1287381 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Žιρ Country Ζıp Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TOTURA, DOUGLAS B. 701 E. COMMERCIAL BLVD SUITE 300 Street Address (P.O. Box Number is Not Acceptable) 82 Zip Code FT. LAUDERDALE, FL 33334 City 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 for 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, indiaccept the abligations of Section 607 0505. Florida Statutes.

SIGNATURE X

SIGNATURE X SIGNATURE X (NOTE Registered Agent signature required when reinstating) printed name of sistered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12. 1 1 1011 DELETE TITLE 12 NAME TOTURA, DOUGLAS B. NAME 701 E. COMMERCIAL BLVD. #300 1.3 STREET ADDRESS STREET ADDRESS 14 CITY - ST - ZIP LAUDERDALE, Addition CITY - ST - ZIP Change DELETE 2 1 TITLE TOTLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Addition CITY ST-ZIP Change DELETE 3 1 TITLE Tille 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Addition CITY - \$1 - ZIP Change 4 1 Till E DELETE TITLE 42 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 5 1 1111. 800001743928 -03/15/96--01015--037 THLE 5.2 NAME -NAME 5 3 STREET ADDRESS STREET ADDRESS ***200.00 5.4 City-St- 2iP CITY ST ZIE Chand DELETE 6 1 TITLE T TLŧ E 2 NAME NAME 63 STREET ADDRESS STHEET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 it 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 of Block 13 if changed or than attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING DESICER OR DIRECTOR 64 CITY - ST ZIP

SIGNATURE AND TYPED OR B

NTED NAME OF BIGNING OFFICER OR DIRECTOR