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

FILED May 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 412182 (8)PRENTICE INTERNATIONAL, INC. Principal Place of Business Mailing Address 5371 ASCOT BEND 5371 ASCOT BEND DELRAY DEACH FL 93496-1606 DELRAY BEACH FL 33490 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1972 08/05/1996 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 5371 ASCOT BEND 59-1493613 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032.] Yes 🔲 No 29 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRENTICE, HERBERT 5371 ASCOT BEND 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 33496 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE Hogistered Agent's gnature required when reinstating) Signature, typed or punied name of registered agent and tide if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition PĎ DELLTE TITLE 1.1 Till E NAME PRENTICE, HERBERT 1.2 NAME 5371 ASCOT BEND BOCA ROTON FL. 5371 ASCOT BEND STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 33496 CITY-ST-ZIP 1.4 CHY-ST-ZIP BUCARATON 33496 DELETE Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-7/8 DELFTE TITLE 3.1 JIILE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7/P DELETE Change Addition 4.1 THLE TITLE NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTy - S1 - 2IP DELETE Change Addition TITLE 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DTY - ST - ZIP DELETE Addition TITLE 61 THLE NAME 6.2 NAMÉ

14. I do hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report as if made under eath; that I am an officer or director of the conversion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SAJEET ADDRESS

CITY-ST-ZIP