## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00** FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 03 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 92281 Mailing Address Po.Bx 320505 3a. Date of Last Report 3. Date Incorporated or Qualified 1996 Applied For POBOX 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 82 83 84 asions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 with, and accept the obligations it. Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE (NOTE Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 1.1 TITLE VICEPRE ☐ Change 1.2 NAME NAME 5400 W. 192 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 14 CHY-ST-ZIP t cougue Change TITLE 2.1 10116 Addition NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 C-1Y-S1-ZIP CITY-ST-ZIP TITLE Charige Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CiTY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 411000 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY- \$1-ZIP CITY-ST-ZIP DETETE. 517016 Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP 5.4 CITY - \$1 - 712 DITTE Add tion 6.1 TOTA TITLE

14. I do hereby certify that the information supplied with this fing 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 or Block 13 if changed, or on an attractment with an address.

6.2 NAME

SIGNATURE:

NAME

George E. Apr. 1836/97

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