


FILED

Jan 14 1997 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # 512109 (0) 1. Corporation Name OPERATIONS UNLIMITED, INC.</p>		
<p>Principal Place of Business C/O C F ZELLERS, JR P O BOX 1048 ST.AUGUSTINE FL 32085</p>	<p>Mailing Address C/O C F ZELLERS, JR P O BOX 1048 ST.AUGUSTINE FL 32085-1048</p>	

		3. Date Incorporated or Qualified 09/10/1976		3a. Date of Last Report 03/15/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1729290	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PAINE, LAWRENCE 1650 PRUDENTIAL DR. #400 JACKSONVILLE FL 32207				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, 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.

NATURE

† $\alpha = 0.05$, $\beta = 0.80$, $\gamma = 0.90$, $\delta = 0.95$, $\epsilon = 0.99$, $\zeta = 0.999$, $\eta = 0.9999$, $\theta = 0.99999$.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

10. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN FILE		11. TITLE		12. NAME		13. STREET ADDRESS		14. CITY - ST - ZIP	
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	9. TITLE	10. NAME
11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY - ST - ZIP	19. TITLE	20. NAME
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY - ST - ZIP	29. TITLE	30. NAME
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	35. TITLE	36. NAME	37. STREET ADDRESS	38. CITY - ST - ZIP	39. TITLE	40. NAME
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	45. TITLE	46. NAME	47. STREET ADDRESS	48. CITY - ST - ZIP	49. TITLE	50. NAME
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	55. TITLE	56. NAME	57. STREET ADDRESS	58. CITY - ST - ZIP	59. TITLE	60. NAME
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	65. TITLE	66. NAME	67. STREET ADDRESS	68. CITY - ST - ZIP	69. TITLE	70. NAME

I do hereby certify that the information supplied with this filing 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 oath, that I am an officer or director of the corporation or the receiver or trustee employed and 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 in an attachment with an address.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date _____

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