FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:19

DOCUMENT # 581633 (5)

1. Corporation Name

CUSTOM RADIO/JOHNSON COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6 WEST DRUID HILLS DRIVE ATLANTA GA 30329	6 WEST DRUID HILLS DRIVE ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1978
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2013103 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	6575 The Corners Parkway	26	6575 The Corners Parkway
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Norcross, GA	28	City & State: Norcross, GA
24	Zip: 30092	29	Zip: 30092
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, 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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☒ Change ☐ Addition
NAME	HULTMAN, JEFFREY R	1.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	1.3 STREET ADDRESS	301 College Street, Suite 700
CITY-ST-ZIP	ATLANTA GA 30329	1.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	PCOO	2.1 TITLE	☒ Change ☐ Addition
NAME	KAYWORK, E. LEE	2.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	2.3 STREET ADDRESS	6575 The Corners Parkway
CITY-ST-ZIP	ATLANTA GA 30329	2.4 CITY-ST-ZIP	Norcross, GA 30092
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	ORCHARD, RICHARD	3.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	3.3 STREET ADDRESS	6575 The Corners Parkway
CITY-ST-ZIP	ATLANTA GA 30329	3.4 CITY-ST-ZIP	Norcross, GA 30092
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	ARNETT, WILLIAM	4.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	4.3 STREET ADDRESS	6575 The Corners Parkway
CITY-ST-ZIP	ATLANTA GA 30329	4.4 CITY-ST-ZIP	Norcross, GA 30092
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	HOGANSON, SCOTT E	5.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	5.3 STREET ADDRESS	6575 The Corners Parkway
CITY-ST-ZIP	ATLANTA GA 30329	5.4 CITY-ST-ZIP	Norcross, GA 30092
TITLE	VST	6.1 TITLE	☒ Change ☐ Addition
NAME	GRINA, THOMAS A	6.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DRIVE	6.3 STREET ADDRESS	301 College Street, Suite 700
CITY-ST-ZIP	ATLANTA GA 30329	6.4 CITY-ST-ZIP	Greenville, SC 29601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 if 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. LEE KAYWORK — 5-23-95 — 404-825-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $275.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 585267 (8)

1. Corporate Name
AMERICAN BANKERS INSURANCE GROUP, INC.

Principal Place of Business:
~~% SANFORD NEUBARTH~~
11222 QUAIL ROOST DR.
MIAMI FL 33157

Mailing Address:
~~% SANFORD NEUBARTH~~
11222 QUAIL ROOST DR.
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1978	04/13/1994

4. FEI Number: 59-1985922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Len Garcia	26 c/o Len Garcia
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEUBARTH, SANFORD
11222 QUAIL ROOST DRIVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Garcia, Leonardo
82 Street Address (P.O. Box Number is Not Acceptable): 11222 Quail Roost Drive
83
84 City: Miami FL 85 Zip Code: 33157

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, 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 [signature] Date 5/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EV	1.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, EUGENE E.	1.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	LANDON, R KIRK	2.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PDVC	3.1 TITLE	☐ Change ☐ Addition
NAME	GASTON, GERALD N	3.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	HEGGEN, ARTHUR W.	4.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	EV	5.1 TITLE	☐ Change ☐ Addition
NAME	DENISON, FLOYD	5.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S ☒ Change ☐ Addition
NAME	NEUBARTH, SANFORD	6.2 NAME	GARCIA, LEONARDO
STREET ADDRESS	11222 QUAIL ROOST DRIVE	6.3 STREET ADDRESS	11222 QUAIL ROOST DR.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33157

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/14/95 Daytime Phone #: 305 252 6957

0171764 CP

585267

01/03/1995

Directors and Officers
American Bankers Insurance Group, Inc.
11222 Quail Roost Drive
Miami FL 33157

DIRECTORS:

Robert Kirkwood Landon	Chairman of the Board
Gerald Nicholas Gaston	Vice Chairman of the Board
William Howard Allen, Jr.	Director
Nicholas Anthony Buoniconti	Director
Armando Mario Codina	Director
John Griffith Crosby	Director
Bernard Janis	Director
Daryl Lafayette Jones	Director
James Frederick Jorden	Director
Malcolm Gilmore MacNeill	Director
Eugene Manuel Matalene, Jr.	Director
Albert Henry Nahmad	Director
Nicholas James St. George	Director
Robert Curtiss Strauss	Director
George Edmond Williamson, II	Director

OFFICERS:

Robert Kirkwood Landon	Chief Executive Officer
Gerald Nicholas Gaston	President & Chief Operating Officer
Eugene Elmer Becker	Executive Vice President & Chief Marketing Officer
Floyd Gene Denison	Executive Vice President
Arthur William Heggen	Vice President & Treasurer
Leonardo Francisco Garcia	Secretary
Enrique Lazaro Castelo	Assistant Treasurer
Manola Gutierrez	Assistant Secretary

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **586467** **(3)**

1. Corporation Name

GEORGE E. SKAGGS, III, INC.

Principal Place of Business
223 HIGH PNT DR
VENICE FL 34292-1717
US

Mailing Address
223 HIGH PNT DR
VENICE FL 34292-1717

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1978**
3a. Date of Last Report: **04/06/1994**

4. FEI Number: **59-1851719** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SKAGGS, GEORGE E III
223 HIGH POINT DR
VENICE FL 33595

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, 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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 1 TITLE	☐ Change ☐ Addition
NAME	SKAGGS, GEORGE E III	1 2 NAME	
STREET ADDRESS	223 HIGH PNT DR	1 3 STREET ADDRESS	
CITY ST ZIP	VENICE, FL 00000	1 4 CITY ST ZIP	
TITLE	PVP	2 1 TITLE	☐ Change ☐ Addition
NAME	SKAGGS, GEORGE E III	2 2 NAME	
STREET ADDRESS	223 HIGH PNT DR	2 3 STREET ADDRESS	
CITY ST ZIP	VENICE, FL 00000	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 if 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George E Skaggs III 5/30/95 813-485-9018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344420 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **587564** **(6)**

1. Corporation Name
CYGNUS CORPORATION

Principal Place of Business	Mailing Address
201 E PINE ST #1312 P.O. BOX 2628 ORLANDO FL 32801	201 E PINE ST #1312 P.O. BOX 2628 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1978**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21: **924 N. MAGNOLIA AVE**
Suite Apt. # etc. 22: **302**
City & State 23: **ORLANDO, FL**
Zip 24: **32803** County 25: **ORANGE**

2a. Mailing Address
26: **2675 CUMBERLAND PKWY**
Suite Apt. # etc. 27: **200**
City & State 28: **ATLANTA, GA**
Zip 29: **30339** Country 30: **COBB**

4. FEI Number: **59-1850858** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEORGE, KEVIN R.
201 E PINE ST #1312
P.O. BOX 2628
32801

10. Name and Address of New Registered Agent

81 Name: **GEORGE, KEVIN R.**
82 Street Address (P.O. Box Number is Not Acceptable): **924 N. MAGNOLIA AVE**
83: **SUITE 302**
84 City: **ORLANDO** **FL** 85 Zip Code: **32803**

11. Pursuant to the provisions of Sections 607.0501 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. The 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: *Kevin R. George* (Registered Agent Signature required if changed) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	DC	1 Title	☐ Change ☐ Addition
2 Name	SCHOENLE, DONALD C	2 Name	
3 Street Address	201 E PINE ST #1312	3 Street Address	
4 City-St-Zip	ORLANDO FL	4 City-St-Zip	
1 Title	PD	1 Title	CHAIRMAN & PRES. ☒ Change ☐ Addition
2 Name	GEORGE, KEVIN	2 Name	GEORGE, KEVIN R.
3 Street Address	201 E PINE ST #1312	3 Street Address	924 N. MAGNOLIA AVE, #302
4 City-St-Zip	ORLANDO FL	4 City-St-Zip	ORLANDO, FL 32803
1 Title	V	1 Title	VICE-PRESIDENT ☒ Change ☐ Addition
2 Name	SWEEK, STEWART	2 Name	WHITNEY, MELONIE E.
3 Street Address	201 E PINE ST #1312	3 Street Address	924 N. MAGNOLIA AVE #302
4 City-St-Zip	ORLANDO FL	4 City-St-Zip	ORLANDO, FL 32803
1 Title	S	1 Title	SEC-TREAS ☒ Change ☐ Addition
2 Name	MATHIS, ANNA	2 Name	MATHIS, ANNA C.
3 Street Address	201 E PINE ST #1312	3 Street Address	924 N. MAGNOLIA AVE #302
4 City-St-Zip	ORLANDO FL	4 City-St-Zip	ORLANDO, FL 32803
1 Title		1 Title	VICE PRESIDENT ☐ Change ☒ Addition
2 Name		2 Name	GEORGE, ELAYNE B.
3 Street Address		3 Street Address	924 N. MAGNOLIA AVE #302
4 City-St-Zip		4 City-St-Zip	ORLANDO, FL 32803
1 Title		1 Title	☐ Change ☐ Addition
2 Name		2 Name	
3 Street Address		3 Street Address	
4 City-St-Zip		4 City-St-Zip	

14. I declare I certify that the information supplied with this filing is accurately entered and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 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 attachment with an address.

SIGNATURE: *Kevin R. George*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0083700 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **597259** **(1)**

1. Corporate Name
JAMES I. HUDDLESTON, JR., M.D., P.A.

Principal Place of Business	Mailing Address
270 TAMIAMI TRAIL NORTH NAPLES FL 33940	270 TAMIAMI TRAIL NORTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1978**	3a. Date of Last Report: **05/27/1994**
4. FEI Number: **58-1343409**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUDDLESTON, JAMES I JR
270 TAMIAMI TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, 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 _____ (Typed or Printed Name of Registered Agent and Title, if Applicable) _____ (Typed or Printed Name of Registered Agent—Must be Included) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	HUDDLESTON, JAMES I JR	12 NAME	
STREET ADDRESS	270 TAMIAMI TRAIL NORTH	13 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL 00000	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 attachment with an address.

SIGNATURE: James Huddleston MD JAMES HUDDLESTON 5/31/95
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)

James I. Huddleston, Jr., M.D., President

032597 CP