FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # 1. Corporation Name MA-EL, CO. Mailing Address Principal Place of Business 111 W. MAGNOLIA AVE 900 N. FEDERAL WAY SUITE 107 STUART FL 34994 LANGWOOD FL 32750 3a. Date of Last Report 3. Date Incorporated or Qualified US 04/27/1979 04/21/1995 Applied For 4. FFI Number 2a. Mailing Address 2. Principal Place of Business 59-2739004 Not Applicable 435 EAST S.R. 434 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 SUITE 300 6. Election Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees LONGWOOD, 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 29 USA 25 32750 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GEORGE HODGES EA
Street Address (P.O. Box Number is Not Acceptable) **GEORGE HODGES** 82 435 EAST S.R. 434 SUITE 300 111 W. MAGNOLIA AVE. #107 83 LONGWOOD FL 32750 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, intring 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 prolightings of, Section 607.0505. Florida statutes.

SIGNATURE

Signature lives or directors of sections and accept the prolightings of section 607.0505. Zin Code 85 inted name of registered and and bile if applicable
OFFICERS AND DIRECTORS istered Agent signature required when reinstating) (NOTE: Re CR2E034 (12/95) Signature, typed or ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition **PSTD** DELETE 1. 1 TITLE THLE COOPER, G D 1.2 NAME G. D. COOPER NAME 111 W. MAGNOLIA AVE#107 1.3 STREET ADDRESS 435 EAST S.R. 434 SUITE 300 STREET ADDRESS LONGWOOD FL LONGWOOD, FL. 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2. 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREEL ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP [] Change Addition | DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 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)kk). 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 cath, 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. CHTY - ST - ZIP

4/25/96

407-830-6773 Daytime Phone #