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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                  |  |
| <b>DOCUMENT # 817784</b><br>1. Corporation Name<br><b>THE STAR LINE BATON CO., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                             |  |
| Principal Place of Business<br>3701-NE 11TH AVE<br>PO BOX 8490<br>POMPANO BEACH FL 33074-4490<br><b>Monterey TN 38574</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address<br>3701-NE 11TH AVE<br>PO BOX 8490<br>POMPANO BEACH FL 33074-4490<br><b>Monterey TN 38574</b>                                                                                                                               |  |
| 2. Principal Place of Business<br>31 <b>711 E Commercial Rd</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2a. Mailing Address<br>28 <b>PO Box 839</b><br>Suite, Apt. #, etc.                                                                                                                                                                          |  |
| 23 <b>Monterey TN</b><br>City & State<br>24 <b>38574</b><br>Zip<br>25 <b>USA</b><br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 27 <b>Monterey TN</b><br>City & State<br>28 <b>38574</b><br>Zip<br>29 <b>USA</b><br>Country                                                                                                                                                 |  |
| 3. Name and Address of Current Registered Agent<br><b>CRUM, JACK</b><br><b>10332 106TH CT. S. 603 Cumberland Cove Rd</b><br><b>BOCA RATON FL 33490</b><br><b>Monterey, TN 38574</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. Name and Address of New Registered Agent<br>61 Name <b>JOHN MILLER</b><br>62 Street Address (P.O. Box Number is Not Acceptable)<br><b>2499 GRADES RD, 305A</b><br>63 <b>BOCA RATON</b><br>64 City<br><b>FL</b> 65 Zip Code <b>33431</b> |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 changes are 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.<br>SIGNATURE <b>JOHN MILLER</b> 6/7/99                                                                                                                                                         |  |                                                                                                                                                                                                                                             |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                             |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                             |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered. |  |                                                                                                                                                                                                                                             |  |

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                    |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date incorporated or Qualified<br><b>03/17/1984</b>                                                                                             |                                |
| 4. FEI Number<br><b>35-1047664</b>                                                                                                                 | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                          | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                 | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year intangible Personal Property Tax.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

CR2E024 (11/88)

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4-2699 931-839-7654  
 Date  
 Expires Month
6/11/99  
PO