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

APPROVED AND FILED
95 MAR 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842679 (3)

1. Corporation Name
AMARCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 4965~~	~~P.O. BOX 4965~~
~~WINTER PARK FL 32793-4965~~	~~WINTER PARK FL 32793-4965~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1979	3a. Date of Last Report: 04/11/1994

21 P.O. Box 30127	26 P.O. Box 30127
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: PALM BEACH GARDENS, FL	28 City & State: PALM BEACH GARDENS, FL
24 Zip: 33420-0127	25 Country: U.S.A.
29 Zip: 33420-0127	30 Country: U.S.A.

4. FEI Number: 13-2895285 ☐ 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

FREEMAN, ROBERT M.
~~17004 BONNIEVISTA COURT~~
~~DEER ISLAND~~
~~KILLARNEY FL 34740~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable): 32 Windward Isle
83 —
84 City: Palm Beach Gardens, FL 85 Zip Code: 33418

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	FREEMAN, ROBERT M.	1.2 NAME	
STREET ADDRESS	~~17004 BONNIEVISTA COURT~~	1.3 STREET ADDRESS	32 Windward Isle
CITY-ST-ZIP	~~KILLARNEY FL~~	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	FREEMAN, GAIL O	2.2 NAME	
STREET ADDRESS	~~17004 BONNIEVISTA CT~~	2.3 STREET ADDRESS	32 Windward Isle
CITY-ST-ZIP	~~KILLARNEY FL~~	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 33418
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/We 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: Robert M. Freeman 3/15/95 (407)625-9247
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert M. Freeman

0061726 CP