FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F94000005962 (5)

1. Corporation Name
KLARGESTER INCORPORATED

Principal Place of Business	Mailing Address
3901 DR. MARTIN LUTHER KING JR. BLVD. FT. MYERS FL 33916 US	3901 DR. MARTIN LUTHER KING JR. BLVD. FT. MYERS FL 33916 US

2. Principal Place of Business	2a. Mailing Address
21 1620 MEDICAL LANE	26 1620 MEDICAL LANE
Suite, Apt. #, etc. 22 #222	Suite, Apt. #, etc. 27 #222
City & State 23 FT MYERS, FL.	City & State 28 FT MYERS, FL.
Zip 24 33907 Country 25 US	Zip 29 33907 Country 30 US

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 04/25/1995
4. FEI Number: 98-0086981 ☐ 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

FOSTER, THOMAS W
3901 DR. MARTIN LUTHER KING JR. BLVD.
931 SE 11TH AVE.
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1620 MEDICAL LANE
83 #222
84 City: FT MYERS FL 85 Zip Code: 33907

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	COOMBE FARMHOUSE MAIN ST, GRENDON UNDERWO	
CITY-ST-ZIP	BUCKINGHAMSHIRE, ENGLAND HP1 -05H	
TITLE	V	☐ DELETE
NAME	HANNAH, PETER J	
STREET ADDRESS	#101-7080 MACPHERSON AVE.	
CITY-ST-ZIP	BURNABY BR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 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)(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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 05/28/96 Daytime Phone #: (604) 430-1531

CR2E034 (12/95)