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 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61879 (4)

1. Corporation Name
PREPTECH CORPORATION

Principal Place of Business	Mailing Address
~~1145 BELLE AVE~~ ~~WINTER SPRINGS FL 32708-2063~~ US	~~1145 BELLE AVE~~ ~~WINTER SPRINGS FL 32708-2063~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 313 RIDGEWOOD	26 P.O. BOX 150667
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Altamonte Springs, FL	28 City & State: Altamonte Springs, FL
24 Zip: 32701 25 County: US	29 Zip: 32715-0667 30 County: US

4. FEI Number: 59-2327827 ☐ 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	10. Name and Address of New Registered Agent
LONSWAY, KATHLEEN M. ~~1145 BELLE AVE~~ ~~WINTER SPRINGS FL 32708~~	81 Name: LONSWAY, KATHLEEN M. (No Change) 82 Street Address (P.O. Box Number is Not Acceptable): 313 RIDGEWOOD 83 84 City: Altamonte Springs FL 85 Zip Code: 32701

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	ST	11 TITLE		☐ Change ☐ Addition
NAME	SMITH-FLOYD, TRACY R	12 NAME		
STREET ADDRESS	29218 STATE RD 44	13 STREET ADDRESS		
CITY ST ZIP	EUSTIS FL	14 CITY - ST - ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	LONSWAY, KATHLEEN M	22 NAME		
STREET ADDRESS	1145 BELLE AVE	23 STREET ADDRESS	313 RIDGEWOOD	
CITY ST ZIP	WINTER SPRINGS FL	24 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	
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)(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: TRACY R. SMITH-FLOYD 04-25-95 (407) 322-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040731 CP