ELENOWAFILING FE PAFTER MAY SIS \$225.00 ORIDA DEPARTMENT OF STATE CORPORATION FILED SECRETARY OF STATE OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR -7 AMII: 47 DOCUMENT # H02100 6 FSP&GASSOCIATES, INC. Principal Place of Business Mailing Address % FRED DAVIS % FRED DAYIS 7550 PLANTATION BLVD. 7550 PLANTATION BLVD. DO NOT WRITE IN THIS SPACE. MANN FL 33023 MARIMAR FL 33023 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1984 04/29/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2418811 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zρ 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, FRED Street Address (P.O. Box Number is Not Acceptable) 7550 PLANTATION BLVD. MIAMI FL 33023 83 City Zip Code 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, typod 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 PSD Change Addition MILE 1. 1 JITLE DAVIS, FRED NAME 1.2 NAME 7550 PLANTATION BLVD STREET ADDRESS 1.3 STREET ADDRESS Miramar FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ___ Addition TITLE 3.1 TITLE Channe NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST-ZIP 34 CITY-ST-ZIP Addition Change TITLE 4.1 TITLE DALLE 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition TITLE 5.1 TITLE HAME 52 NAME STACET ADDRESS **5 3 STREET ADDRESS** CITY - ST - 7IP 5.4 CITY-ST-ZIP Addition Chango TITLE 8 1 TITLE RAME B 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 8.4 CITY-ST-ZIP

14. I do heraby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.10.07(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 logal affect as if made under eath; 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 chair
