FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1997 | | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | Jun 16 1997 8:00am Secretary of State | | | | |
|--|--------------------------------|-------------|---------------|--|-----------------------|---|-------------------------------|---|---|-----------------|--------------------------|-----------------------------|
| DOCUMENT # H36500 1. Corporation Name 1. Corpo | | | | | | | | | | | | |
| | | | | A. Mallac Add | | | | 3. Date Incorporated or Qualified 12/28/1984 3a. Date of Last Report 06/25/1996 | | | | |
| 2. Principal P | 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. | FEI Number 59-2726466 | | - 1 - 1 | pplied For at Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired | X | \$8.75 / Fee Re | Additional |
| City & State | | | 28 Cit | City & State | | | | - 1 | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | |
| Zip 24 | - ` | | | p Country 30 | | | | | Yes | □ No | 199.032, | |
| 200 | | | ent registere | o Agent | | 81 | Name | 10. | Name and Address of New Ro | egistered | Agent | |
| ROBINSON, LAYON II 442 OLD MAIN ST. | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BRADENTON FL 34205 | | | | | | | | | | | | |
| | | | | | 83 | | | | | | | |
| | | | | | | 84 City | | | | FI | 85 Zip (| Code |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. | | | | | | oove d by utes | e-named corp the corporati | oration ion's b | n submits this statement for the oard of directors. I hereby acce | | | s registered registered |
| SIGNATURE | | | | · | | | · | | | | | |
| Signature, typed or printed name of registered agent and little if applicable. (NOTE Regist 12. OFFICERS AND DIRECTORS 13 | | | | | | | nt signature require | | reinstating) DDITIONS/CHANGES TO OFFIC | DATE CERS AN | D DIRECTOR | S IN 12 |
| TITLE | P | | <u> </u> | DELETE | 1.1 111 | LE | | <u>`</u> | 2011011010101010101011 | 22.10711 | ☐ Change | Addition |
| NAME | GRIMES, | | | | 1.2 NA | ME | | | | | | |
| STREET ADDRESS | CADACOTA PI | | | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | T | ATL | | DELETE | 1.4 CIT | | T - ZiP | | | | Change | Addition |
| NAME | GRIMES, RAYMELL | | | □ Steele | 2.1 TITLE 2.2 NAME | | | | | | thange | L Addition |
| STREET ADDRESS | | | | | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | SARASOT | | | | 2. 4 CI | | | | | | | |
| TITLE | D | | | DELETE | 3.1 TII | LE | | | *** | , | Change | Addition |
| NAME | JONES, S | | | | 3.2 NA | | ļ | | | | | İ |
| STREET ADDRESS | 2741 N. (SARASOT | OSPREY AVE. | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | D | A FL | | DELETE | 3.4. CI 4.1 TII | | ST-ZIP | | | | ☐ Change | Addition |
| NAME | GRIMES, | TORREY | | - other | 4.7 H | | | | | | change | AUURIUH |

12. OFFICERS AND DIRECTORS DELETE TITLE 1.3 TIFLE GRIMES, JETSON NAME 1.2 NAME 2741 N. OSPREY AVE. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE **GRIMES, RAYMELL** NAME 2.2 NAME 2741 N. OSPREY AVE. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME JONES, STEVE 3.2 NAME 2741 N. OSPREY AVE. STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE **GRIMES, TORREY** NAME 4. 2 NAME 2741 N. OSPREY AVE. STREET ADDRESS 43 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ TITLE 51 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 all achment with an address.