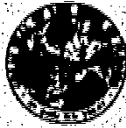


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****DOCUMENT # H61078****(2)****95 MAY -1 AM 9:22**

1. Corporation Name

TAPEX CORPORATION**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% A. ROBERT CONINGSBY
3000 N.E. 12 TERRACE
FT. LAUDERDALE FL 33334**

Mailing Address

**% A. ROBERT CONINGSBY
3000 N.E. 12 TERRACE
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1985

3a. Date of Last Report

05/01/1994

4. FE Number

59-2546926

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

28

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**CONINGSBY, A. ROBERT
3000 N.E. 12 TERRACE
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

Coningsby, Todd D.

82 Street Address (P.O. Box Number is Not Acceptable)

3000 NE 12 Terrace

83

84 City

Ft. Lauderdale**FL**

85 Zip Code

33334

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

T.D.**Todd D. Coningsby****4/25/95**

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CONINGSBY, A. ROBERT III
STREET ADDRESS	3000 N.E. 12 TERRACE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	ST
NAME	CONINGSBY, TODD
STREET ADDRESS	3000 N.E. 12 TERR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Coningsby Gregg O.	
1.3 STREET ADDRESS	3000 NE 12 Terrace	
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Coningsby Todd D.	
2.3 STREET ADDRESS	3000 NE 12 Terrace	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Coningsby, Russell W.	
3.3 STREET ADDRESS	3000 NE 12 Terrace	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL	
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 110.07(3)(b), 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:

T.D.**Todd D. Coningsby****4/25/95****305-565-1617**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone #