APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 and **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION 97 AUG 15 AM 9: 41 Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 1997 DOCUMENT # JAMES V. MORROW P.A. Mailing Address Principal Place of Business 917 TAMIAMI TRAIL SO. 627 ALHAMBRA RD APT.104E SUITE "T" VENICE, FL. 34285 3a. Date of Last Report 4-30-96 NOKOMIS, FL 34275 3. Date Incorporated or Qualified 7/31/1985 2a. Mailing Address 2. Principal Place of Business Applied For 59-2570499 Not Applicable 21 Suite, Apt. #, etc. Suite. Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Ζiρ Country Zφ Country 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORROW, JAMES 81 Name Street Address (P.O. Box Number is Net Accapiable) 7, 1, 5, 3, 3 627 ALHAMBRA RD. 104E 08/19/97-01009-016 VENICE, FL. 34285 83 ****165.00 ****165.00 85 Zip Code 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 typical or printing name of registers diagnost and pite if applicance (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. 96/6) 1.1 TITLE Change Addition TITLE MORROW, JAMES V. 1.2 NAME NAME 627 ALHAMBEA RD. 104E 1.3 STREET ADDRESS STREET ADDRESS ENICE, FL. 34285 1.4 CITY-S1-ZIP CITY-ST-ZIP 211111 Change Addition TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1170 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZTP DELETE TITLE 4.1.70UE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C/TY - ST - Z/P CITY-ST-ZIP DELETE Change Addition TITLE 51 THE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 HILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Too 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 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 changed or on an attachment with an address.

SIGNATURE: (

8-9-97 941-488-4027