FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5) J19712 DOCUMENT #

1. Corporation Name CHROPORT, INC. Mailing Address Principal Place of Business 16313 N. DALE MABRY HWY. 16313 N. DALE MABRY HWY. STE. 100 TAMPA FL 33618 STE. 100



| TAMPA FL 33618 | | TAMPA FL 33618 | | | Date Incorporated or Qualified 06/17/1986 | | e of Last Hepo 4/04/1995 | | | |
|--|--|-----------------------------|------------------|--|---|--|-----------------------------|-----------------|-----------------|--|
| Discipal Discase of 5 | Queinoss | 2a, Mailing Address | | | | 4. FEI Number | | | olied For | |
| Principal Place of E | DUSITIESS | Suite, Apt. #, etc | | | | 59-2697787 | | | t Applicable | |
| Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | Мау Ве | |
| City & State | | 28. | | | | Trust Fund Contribution | | Added t | | |
| | Country | Zip | Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| Zip , | Country 25 | 29 | 30 | ĺ | | Florida Statutes | | | | |
| | t Registered Agent | 11 | T | - | 10. Name and Address of New Registered Agent | | | | | |
| 9. 3 | Maine and Address of Care | | | 81 | Name | | | | | |
| HODGES, GEOFFREY TODD | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | Pileor Mon | 855 (| | | | |
| | DY BLVD., SUITE 1400 | | | 83 | | | | | | |
| TAMPA FL 336 | 8 02 | | | L | ļ. <u></u> | | | . 85 Zip | Code | |
| • | | | | 84 | City | | F | | | |
| Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the or registered agent, or both, in the State of Footida, Such change was authorized by the Section of Section 1. | | | | | named corpo | ration submits this statement for the pu | rpose of o | changing its re | gistered office | |
| Pursuant to the or registered age | provisions of Sections 607,050, ent, or both, in the State of Flor | ida. Such change was autr | norized by the | corp | oration's boa | and of directors. I hereby accept the app | omunent | as registered o | Sent Linn | |
| familiar with, and | ent, or both, in the State of Fior d accept the obligations of, Sec | tion 607.0505, Florida Stat | utes. | | | | | | | |
| GNATURE | | | (W)Tr. B. Jeren | A April | d signature red in | ad when remotating? | DATE | | | |
| Signature, typed or prince training tregistered agricultation in appropriate | | | | 13. | | ADDITIONS/CHANGES TO OF | ICERS A | ND DIRECTOR | RS IN 12 | |
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| STREET ADDRESS CITY-ST-ZIP TITLE | | C) DELET | 5 5 6 6 | 3 STRE 4 C:TY 1 TITL 2 NAM 3 STR | ET ADDRESS -ST-7IP E EET ADDRESS | fy for the exemption stated in Section 1 | | | | |

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qurilify 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 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 certify that I am an officer or director of the corporation or the precious enumerous enumerous report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.

SIGNATURE:

ROCHL F.C.