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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J24032 (1)

1. Corporation Name
PAMORA CORPORATION

Principal Place of Business
~~C/O WILLIAM GL LAMBRECHT~~
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

Mailing Address
~~C/O WILLIAM GL LAMBRECHT~~
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236-6749~~

3. Date Incorporated or Qualified	3a. Date of Last Report
07/01/1986	04/16/1996

4. FEI Number: 59-2815364 — Applied For / Not Applicable

2. Principal Place of Business
21 C/o William G. Lambrecht
Suite, Apt #, etc
22 200 S. Orange Ave.
City & State
23 Sarasota, FL
Zip 24 34236 Country 25 USA

2a. Mailing Address
26 C/o William G. Lambrecht
Suite, Apt #, etc.
27 200 S. Orange Ave.
City & State
28 Sarasota, FL
Zip 29 34236 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
LAMBRECHT, WILLIAM G.
~~1550 RINGLING BLVD~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave.
83
84 City Sarasota FL 85 Zip Code 34236

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] DATE 2/22/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	BURCHMORE, KENNETH G.	
STREET ADDRESS	3802 TORREY PINES WAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DVP	☐ DELETE
NAME	BORN, KENNETH W.	
STREET ADDRESS	3968 TORREY PINES BLVD.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DVP	☐ DELETE
NAME	MOFFITT, RAYMOND E., M.D.	
STREET ADDRESS	65 RALLS DR.	
CITY-ST-ZIP	CRANSTON RI 02920	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

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 attachment with an address.

SIGNATURE: [signature] KENNETH G. BURCHMORE — Date 3/18/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0426426