FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34384 (4)

1. Corporation Name
SOWARDS MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
1615 N ATLANTIC AVE SUITE 117 COCOA BEACH FL 32931	1615 N ATLANTIC AVE SUITE 117 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 1675 N. ATLANTIC Ave
22: Suite, Apt. #, etc.
23: City & State: Cocoa Beach FL
24: Zip: 32931 25: Country: US

2a. Mailing Address
26: 1675 N. ATLANTIC Ave.
27: Suite, Apt. #, etc.
28: City & State: Cocoa Beach FL
29: Zip: 32931 30: Country: US

4. FEI Number: 59-2742207 ☐ Applied For ☐ Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOWARDS, BRADFORD E.
1615 N. ATLANTIC AVE. #117
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1675 N. ATLANTIC Ave.
83
84 City: FL 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] 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE		☐ Change ☐ Addition
NAME	SOWARDS, STEPHANIE A 1675	1.2 NAME		
STREET ADDRESS	~~1615~~ N ATLANTIC AVE ~~117~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SOWARDS, STEPHANIE A 1675	2.2 NAME		
STREET ADDRESS	~~1615~~ N ATLANTIC AVE ~~117~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SOWARDS, BRADFORD E. 1675	3.2 NAME		
STREET ADDRESS	~~1615~~ N ATLANTIC AVE ~~117~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 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] 4/7/95 407-783-7675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000076 CP