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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| DOCUMENT # KO3759 (3) OWEN E BALEY, C.P.A., P.A. Propor flace of Business 30 PARY RIDGE ROAD CASSELBERRY FL 32707 3. Total Incorporation of Outling 3a. Date of Least Report 1/1/6/1887 0.4/24/1895 1. Privacy Place of Business South April 4, etc. 26. Date, April 4, etc. 26. Date, April 4, etc. 27. Date, April 4, e | | 1996 | N. S. W. T. C. | DIVISION OF CORPORATIONS | | | | | | |
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| OWEN E. BAILEY, C.P.A., P.A. Princed Paire of Business 30 PikeY RIGGE ROAD CASSELBERRY FI. 32707 3. Date Proposal and Condition 11/16/1987 3. Date Pro | DOCUN 1. Corporation | MENT # | K03759 | (3) |) | | | | | |
| ASSPIRERY FILEDOM CASSELBERRY FILEDOM CASSELBE | | | C.P.A., P.A. | | | | | | | |
| 20 PART RIGGE ROAD CASSELBERRY FI, 22707 2. Phroposit Place of Business 2. Malling Address 2. Enter Address Sections of Sections 67 Address Secti | | | | | | | | | | |
| ASSELBERRY FI. \$2707 2. Malting Address. Phroppil Place of Business 2. Malting Address. 2. Louis April 4 and 2. Subte April 4 and 3. Busine of Last Export 3. Date incorporated or Qualified 3. Date incorporated or Qualified 11/16/1987 4. FEI Number 5. See 2656888 5. Addisonal Field Program 10/14/16/1987 5. Country 5. Subte, April 4 and 3. Subte, April 4 and 4. Subte, A | Principal Place | of Business | Ma | iling Address | | | | | <i>e</i> ii (1111 8 1611 1 | eren enen enen 1881 |
| 2. Principal Race of Business | | | | | | | | | | |
| Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. | | | | | | | | d 3a. D | | |
| Surface April 4, etc. Surface S | 2. Principal Pla | ce of Business | <u> </u> | Mailing Address | | | | | | <u> </u> |
| Country 28 Country 27 29 30 Country 28 Enterior Cempatign Financing \$5.00 May 80 Addition 28 29 30 Section Contribution 28 Street Andrews 28 | ¬ | , etc. | | Suite, Apt. #, etc. | | | | | • | 5 Additional |
| Added to Fees Added to Fee | ¬ · | | | City & State | | | | | | ······································ |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address profit Agents 10. Name and Address profi | Zip | | | Ζίρ | Cou | ntry | | | Add | led to Fees |
| BAILEY, OWEN E. 320 PINEY RIDGE ROAD CASSELBERRY FL 32707 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 8 | <u> </u> | | | | 30 | | | | | J 100.00E, |
| BALLEY, OWEN E. 320 PINETY RIDGE ROAD CASSELBERRY FL 32707 88 87 City FL 88 | | 9. Name and Ad | dress of Current Registe | ered Agent | | Od Mana | 10. Name and Address of New | Registere | d Agent | |
| CASSELBERRY FL 3207 1. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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, 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, 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 Sciencin 607.0505, Phonds Statutes. ISONATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. This DBAILEY, OWEN E. 3.15 IREF JODRESS 1.2 STREET JODRESS 1.2 STREET JODRESS 1.2 STREET JODRESS 1.2 STREET JODRESS 1.3 STREET JODRESS 1.4 CITY-ST-2P 1.4 CITY-ST-2P 1.4 CITY-ST-2P 1.4 CITY-ST-2P 1.5 J. PARKET JODRESS 1.5 STREET JODRESS 1.5 S | BAILEY | , OWEN E. | | | | 7.6 | trace (D.O. Day M. mbari, N1.4 | <u> </u> | | |
| The Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Science of Richida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am not accept the obligations of, Section 607.0509. Bronda Statutes, and accept the obligations of, Section 607.0509. Bronda Statutes, and accept the obligations of, Section 607.0509. Bronda Statutes, and accept the obligation of Section 607.0509. Bronda Statutes, and accept the obligation of Section 607.0509. Bronda Statutes, and accept the obligation of Section 607.0509. Bronda Statutes, the above-hamed corporation submits this eletionent for the purpose of changing its registered office of agent. I am not accept the obligation of the purpose of changing its registered office of agent. I am not set the purpose of changing its registered office of agent. I am not set the purpose of changing its registered office of section of the purpose of changing its registered office of section of the purpose of changing its registered office of sequence of the purpose of changing its registered office of sequence of the purpose of changing its registered office of sequence of the purpose of changing its registered office. 2. | | | _ | | | | iress (r.o. box Northber is Not Accept | able) | | |
| 1. 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 divectors. I hereby accept the approximent as registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. IGNATURE Syndre great present remains of registered agent, and their fluxiously. 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT IN IL | UNUOLI | LULINI FL 32/ | | | | | | | | |
| 1. Pursuant to the provisions of Socions 607.0502 and 607.1506, Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. Such nange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. ISONATURE Signature syndo or perted nano diregistered agent and time registered. B | | | | | | | | F | | • |
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| A I do bosoby codification the info with the | TY-ST-ZIP | | | | 64 (11) | (. ST . 7ID | | | | |
| To a need year of the information supplies 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 indirected by this enough procedure, purplementary turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indirected by this enough procedure, purplementary turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certification in the information indirected by the enough procedure turnished and does not qualify for the exemption stated in Section 119.07(3)(k). | 4. I do hereby o | pertify that the information indica- | mation supplied with this file | ng is voluntarily furni | ished and d | oes not qualify fo | or the exemption stated in Section 119 | 3.07(3)(k), F | lorida Statut | tes. I further |
| 4. 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 piceiver 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 of chapter 607, Florida Statutes; and that my name | oath; that I a | m an officer or dire | ctor of the corporation or the | e riceiver or trustee | e empowere | d to execute this | ie and that my signature shall have the s report as required by Chapter 607, f | ₃ same lega lorida Statu | d effect as if utes; and tha | 'made under at my name |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

HONGO OFFICER OR DIRECTOR

4-24-96 (407) 339-5800