FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF
CORPORATIONS

ACCEPTED
AND
FILED

95 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11008 (5)

1. Corporate Name
STAT-LINE INDUSTRIES, INC.

Principal Office Address
1619 ATLANTIC-UNIVERSITY CIR.
JACKSONVILLE FL 32207

Mailing Address
1619 ATLANTIC-UNIVERSITY CIR.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2050 Haines Street
22 Suite Apt. #
23 City & State: Jacksonville, FL
24 Zip: 32206
25 County: Duval

2a. Mailing Address
26
27 Suite Apt. #
28 City & State
29 Zip
30 County

4. FEI Number: 59-2863484 — 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

8. Is corporation currently in compliance for purposes of Section 607.0505, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
121 WEST FORSYTH ST.
SUITE 900
JACKSONVILLE FL 32202

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

11. Pursuant to the provisions of Section 607.0505, 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. The corporation is not the registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
PD	ASSAF, ROBERT A.	1619 ATLANTIC-UNIV. DR.	JACKSONVILLE FL 32207

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip	Change / Addition
Vice-President	Allan D. Assaf	2050 Haines Street	Jacksonville, FL 32206	Addition
Sec./ Treasurer	Michael A. Aassaf	1619 Atlantic University Circle	Jacksonville, FL 32207	Addition

14. I hereby certify that the information supplied with this report is true and complete and that I am a duly authorized officer of the corporation named in Section 1 of this report. I further certify that the information indicated on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect and force as if made under oath. That I am an officer or director of the corporation or the person to receive process for the corporation named herein, or the legal representative as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or my name is entered with my title below.

SIGNATURE: [signature] 4/26/95 904 721-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0016278 CP