FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K36185 (2)

1. Corporation Name
DODSONS, INC.

Principal Place of Business
2200 SO FRONT ST
STE D
MELBOURNE FL 32901
US

Mailing Address
2200 SO FRONT ST
STE D
MELBOURNE FL 32901
US

2. Principal Place of Business
21 95 Bulldog Blvd
Suite, Apt. #, etc.
22 207
City & State
23 Melbourne, FL ~~32901~~
Zip
24 32901
Country
25 Brevard

2a. Mailing Address
26 95 Bulldog Blvd
Suite, Apt. #, etc.
27 207
City & State
28 Melbourne FL
Zip
29 32901
Country
30 Brevard

3. Date Incorporated or Qualified: 09/27/1988

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2909318 — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DODSON, MAURY C
2200 SO FRONT ST
STE D
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Karen W. Dodson PsyD
82 Street Address (P.O. Box Number is Not Acceptable): 95 Bulldog Blvd #207
83
84 City: Melbourne FL
85 Zip Code: 32901

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: X Karen W. Dodson, PsyD. Karen W. Dodson PsyD. — DATE: X 4/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DODSON, KAREN W.	
STREET ADDRESS	2200 SO FRONT ST STE D	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	[X] DELETE
NAME	DODSON, MAURY C	
STREET ADDRESS	2200 SO FRONT ST STE D	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	95 Bulldog Blvd #207	
1.4 CITY-ST-ZIP	Melbourne, FL 32901	
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 (12/95)

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: Karen W. Dodson, PsyD. — X 4/4/96 — X (407) 722-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #