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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 # K45493 (4)

1. Corporation Name
ASSOCIATES REFERRAL NETWORK, INC.

Principal Place of Business	Mailing Address
% KATHLEEN A. GALLAGHER-LOSSING 1982 W. FAIRBANKS AVE. WINTER PARK FL 32789	% KATHLEEN A GALLAGHER-LOSSING 1982 W. FAIRBANKS AVE WINTER PARK FL 32789-4504

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified: 11-16-88
3a. Date of Last Report: 4-25-97
4. FEI Number: 59-2922916 ☐ 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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GALLAGHER, KATHLEEN A.~~
~~1978 W FAIRBANKS AVE~~
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: GALLAGHER-LOSSING, KATHLEEN A.
82 Street Address (P.O. Box Number is Not Acceptable): 1982 W. FAIRBANKS AVE
83
84 City: Winter Park 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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
0.0 TITLE 0.1 NAME 0.2 STREET ADDRESS 0.3 CITY-ST-ZIP	P GALLAGHER, DON 40 MINNEHAHA CIR MAITLAND FL ☐ DELETE	1.0 TITLE 1.1 NAME 1.2 STREET ADDRESS 1.3 CITY-ST-ZIP	☐ Change ☐ Addition
2.0 TITLE 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY-ST-ZIP	☐ DELETE	2.0 TITLE 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY-ST-ZIP	☐ Change ☐ Addition
3.0 TITLE 3.1 NAME 3.2 STREET ADDRESS 3.3 CITY-ST-ZIP	☐ DELETE	3.0 TITLE 3.1 NAME 3.2 STREET ADDRESS 3.3 CITY-ST-ZIP	☐ Change ☐ Addition
4.0 TITLE 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY-ST-ZIP	☐ DELETE	4.0 TITLE 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY-ST-ZIP	☐ Change ☐ Addition
5.0 TITLE 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY-ST-ZIP	☐ DELETE	5.0 TITLE 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY-ST-ZIP	☐ Change ☐ Addition CS 5/5/97
6.0 TITLE 6.1 NAME 6.2 STREET ADDRESS 6.3 CITY-ST-ZIP	☐ DELETE	6.0 TITLE 6.1 NAME 6.2 STREET ADDRESS 6.3 CITY-ST-ZIP	☐ Change ☐ Addition 400002168964 -05/07/97--01006--061 ***165.00

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 added, or an attachment with an address.

SIGNATURE: [signature] 4-25-'97 (407)644-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Telephone Number