APPROVED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K60104

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. ALEC RIGBY LTD., INC. Principal Place of Business Mailing Address 1720 S. Ocean Blvd. Manalapan, FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3s. Date of Last Report 1/23/89 2/8/96 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 c/o Edwards & Angell Not Applicable 26 65-0096014 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box Certificate of Status Desired Fee Required 27 250 Royal Palm Way, #300. City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Palm Beach, ^{Zip} 33480 Zin Country 8. This corporation owes or has paid the current year Intangible USA 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Angell Corporate Services, Inc. T. Alec Riaby 82 Street Add 550 (PROBOS Numper is No Acceptable 300 1720 S. Ocean Blvd. 83 Manalapan, FL 33462 **B4** City 33480 Palm Beach and 607.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered a Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered are so Section 807.0505, Florida Statutes Angell Corporate Services, Inc. 11. Pursuant to the pri office or registere agent. I am famili Jonathan E. Cole, President 9/4/97 SIGNATURE By: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE D.P D,1 1 1 7 ITL F NAME Rigby, T. Alec 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS 1720 S. Ocean Blvd. 1.4 CITY- \$1-2IP CITY-ST-ZIF Manalapan, FL 33462 ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE 400002294664---09/16/97--01071--004 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETÉ 5 1 TITLE Change 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition 7171 F 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 6.4 CITY - ST - ZIP 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 on an attrictment with an address.

GIONATURE:

Presystem T ATTECHER TOO

561-451-0909

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