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

900001831629
-05/21/96--01040--027
***233.75

DOCUMENT # K 77985

1. Corporation Name: Production Associates Support Services, Inc.

Principal Place of Business: Tequesta, Fl.

Mailing Address: P.O. Box 4470, Tequesta, Fl. 33469-9470

2. Principal Place of Business
21 Tequesta, Fl.
Suite, Apt. #, etc. 22
City & State 23 Tequesta Fl
Zip 24 33469 Country 25 Palm Beach

2a. Mailing Address
26 P.O. BOX 4470
Suite, Apt. #, etc. 27
City & State 28 Tequesta, Fl.
Zip 29 33469-9470 Country 30 Palm Beach

3. Date Incorporated or Qualified: MAR. 30-89
3a. Date of Last Report:
4. FEI Number: 65-0118576 — Applied For / Not Applicable
5. Certificate of Status Desired: X — **$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

10. Name and Address of New Registered Agent
81 Name: Hutchins, Dennis
82 Street Address (P.O. Box Number is Not Acceptable): 474 Tequesta
83
84 City: Tequesta FL 85 Zip Code: 33469

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: Dennis S. Hutchins — 5/10/96
Signature, typed or printed name of registered agent and title if applicable — (Note: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P. ☐ DELETE
NAME	HUTCHINS, DENNIS S.
STREET ADDRESS	474 TEQUESTA DRIVE
CITY-ST-ZIP	TEQUESTA, FL. 33469
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. ☒ Change ☐ Addition
1.2 NAME	HUTCHINS, DENNIS.
1.3 STREET ADDRESS	474 TEQUESTA DRIVE
1.4 CITY-ST-ZIP	TEQUESTA, FL. 33469
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	

32
5.17

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/10/96 — (407) 745 0136
Date — Daytime Phone #

CR2E034 (12/95)