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SIGNATURE:

PROFIT ELORIDA DEPARTMENT DE STATE From I American CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUN 20 AM 8: 25 DIVISION OF CORPORATIONS 1997 DOCUMENT # LOO518 SECRETARY OF STATE TĂLLAHASSEE FLORIDA ACCESS MANAGEMENT SERVICES, INC. REINSTATEMENT % -9/ Principal Place of Business Mailing Address 402 South Central Avenue Oviedo, FL 32765 3. Date Incorporated or Qualified 3a. Date of Last Report 7/3/1989 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 402 South Central Ave 26 Not Applicable same Suite, Apt. #, etc. 59-2966308 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required City & State Oviedo, FL City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 32765 Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON, JOHN D. ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson St. Suite 1020 83 Orlando, FL 32802 84 City 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 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 tampa with an account the shigations of Section 607.0505, Florida Statutes SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ Addit.on ☐ DELETE ☐ Change 111006 TITLE Pres 1.2 NAME NAME Warble, Ronald D. 2000022206827: 1.3 STRLET ADDRESS STREET ADDRESS 402 South Central AVe -06/24/97--01002--002 1.4 CITY - ST - ZIP CITY-ST-ZIP Otiedo, F132765 ****923.75 □******343 Addian DELETE 2.1 THE TITLE Greenstein, Geoffrey 402 South Central Avenue 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS Oviedo, FL 32765 2 4 CHY-\$1-7P CITY-ST-ZIP ___ Change DELETE 3.1.7/014 Addition THEE ST 3.2 NAME NAME Smith, Terri 3.3 STREET ANDRESS STREET ADDRESS 402 South Central Oviedo, FL 32765 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 III.E TI₩E NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS NITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 513016 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY-ST-ZiP DELFIE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-S1-ZIP 14. I do hereby certify that the information supplied with this filling 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 enual report is true and accurate and that my signature shall have the same legal effect as if made under eath: that I am an officer or director of the corporation or the receiver of Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mane appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 365-7624