FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

* PROFIT FLORIDA DEPARTMENT OF STATE Mar 31 1997 8:00am CORPORATION Sandra B. Morthant ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCKMENT # L36615 Mailing Address 3. Date incorporated or Qualified 3a. Date of Last Report 1985 Applied For 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 84 **B**5 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. Thereby accept the appointment as registered agent than familiar with and agreet the operations of, Section 607,0505, Florida Statutes. Jay (SIGNATURE nature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition The HAME 1.2 NAME STREET ADORES 1.3 STREET ADORESS 1.4 CITY - ST- ZIP City St DELETE Addition Change 21 TITLE 1105 MAN 2.2 NAME 2 3 STREET ADDRESS STREET ADDR 2 4 CITY - ST - ZIP (dy-\$t-76 DELETE Change Addition 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STHE WORK of 3.4 CITY-ST-ZIP 2017/05/12/0 DELETE Change Addition TIH 41 TITLE 1,469 4. 2 NAME 51-901 Alcoid of 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City 51 76 DELETE 51 TITLE Change Addition $\{i\}_{i\}}$ 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP DIX SEZE DELETE Change Addition 6.1 TITLE THUE 000002128660 -03/31/97--01098--021 ***330.00 62 NAME 63 STREET ADDRESS STIGHT ACTOR: 55 6.4 CITY-ST-ZIP supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my narray in an attachment with an address. 14. I do hereby certify information indicat Lam an officer or d appears in Block 13 **SIGNATURE** NAME OF BIGNING OFFICER OR DIRECTOR

FILED