SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 5/1/96: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39601 (4)

1. Corporation Name
DIVOT CORPORATION

Principal Place of Business	Mailing Address
4800 N A1A SUITE #4 VERO BEACH FL 32963	4800 N A1A SUITE #4 VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business	2a. Mailing Address
21 442 West Kennedy Blvd.	26 442 West Kennedy Blvd.
Suite, Apt. #, etc. 22 Suite # 200	Suite, Apt. #, etc. 27 Suite # 200
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip 24 33606 Country 25 Hillsborough	Zip 29 33606 Country 30 Hillsborough

4. FEI Number: 65-0187487 ☐ 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

CELLURA, JOSEPH R.
4800 NORTH A1A
SEAQUAY #4
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: CELLURA, JOSEPH R.
82 Street Address (P.O. Box Number is Not Acceptable): 442 West Kennedy Boulevard
83: Suite # 200
84 City: TAMPA FL 85 Zip Code: 33606

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: Joseph R. Cellura 7-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	1.1 TITLE	CEOD	☑ Change ☐ Addition
NAME	CELLURA, JOSEPH R.	1.2 NAME	CELLURA, JOSEPH R.	
STREET ADDRESS	4800 N. A1A, SEAQUAY #4	1.3 STREET ADDRESS	P.O. BOX 3239	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWLEY III, CHARLES B.	2.2 NAME		
STREET ADDRESS	256 FRANKLIN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	KNIGHT, ELLEE M.	3.2 NAME	KNIGHT, ELLEE M.	
STREET ADDRESS	4800 N. A1A SEAQUAY #4	3.3 STREET ADDRESS	P.O. BOX 3239	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	ST	4.1 TITLE	ST	☑ Change ☐ Addition
NAME	KATHLEEN J. MILLER,	4.2 NAME	KATHLEEN J. MILLER	
STREET ADDRESS	616 MADISON AVE.	4.3 STREET ADDRESS	253 MERRITT SQ. #725	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	4.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: [signature] July 4, 1995 813 251 1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B579 CP