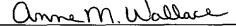
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42986 May 15, 2000 8:00 am Secretary of State AKW MARKETING, INC. 05-15-2000 90148 011 ***150.00 Mailing Address Principal Place of Business 4707 NW 53RD AVENUE 4707 NW 53RD AVENUE SUITE A SUITE #A GAINESVILLE FL 32606 GAINESVILLE FL 32606-4356 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3046674 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALLACE, HOWARD K Street Address (P.O. Box Number is Not Acceptable) 8021 NE 221 ST MELROSE FL 32666 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE TITLE □ Delete NAME WALLACE, HOWARD K. NAME STREET ADDRESS STREET ADDRESS 4707 NW 53RD AVENUE SUITE #A CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Change ☐ Addition Delete STDV TITLE TITLE NAME WALLACE, ANNE M. NAME STREET ADDRESS 4707 NW 53RD AVENUE SUITE #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. GAINESVILLE FL 32606 ~ ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne M. Wallace, VP



4/27/00

(352)377-2240