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

appears in Block 12 or Block 13 if changed, or on an attachment with an address

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 JUN 27 PM 2: 15 DOCUMENT # 46/773 SECRETARY OF STATE BRITTON PLAZA HOUSE OF KEYS, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3836 S. DALE MABRY Awy 3836 S. DALE MARRY HWY. TAMPA, FL. 33611 TAMPA, FL. 33611 3. Date Incorporated or Qualified 3a. Date of Last Report us 04-03-1990 2. Principal Place of Business 2a. Mading Address Applied For Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square \text{No} No 29 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name 81 RIGGS, RANDALL LEE Street Address (P.O. Box Number is Not Acceptable) 3836 S. DALE MARRY HWY 83 TAMPA, FL. 33611 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type-diocurrence came of registers diagont and the it applicable (NOTC Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) DELETE 1111111 TITLE 1.2 NAME NAME 1665, RANDALL LEE 8365. DALE MABRY HWY 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 MH TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2 4 CITY - \$1 - 7(f) DELETE Change Addition TITLE 3.1 JULE NAME 3.2 NAM5 33 STREET ADDRESS STREET ADDRESS 07/01/97--01026--022 3 4. C(1Y - S1 - 7)F CITY-ST-2IP DETETE TITLE \* 4.1.1111.6 4.2 NAME KEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY S1 - 70P CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-SI-7P CITY - ST - 7:F DELLITE Addition 6.1 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S2 - 7IP 14. I do hereby 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 cody 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 it space under or Lam 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 under eath; that

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