

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

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Mar 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L77011 (9)**  
 1. Corporation Name  
**UPDYKE, INC.**



Principal Place of Business <b>7300 20TH ST</b> <b>39</b> <b>VERO BEACH FL 32966</b> <b>US</b>	Mailing Address <b>7300 20TH ST LOT 39</b> <b>SUITE 39</b> <b>VERO BEACH FL 32966-8839</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21 4535 22nd Lane</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 VERO BEACH FLORIDA</b> Zip <b>24 32966-2103</b>	<b>2a. Mailing Address</b> <b>26 C/O JANICE E. FREEMAN</b> Suite, Apt. #, etc. <b>27 4535 22nd Lane</b> City & State <b>28 VERO BEACH FLORIDA</b> Zip <b>29 32966-2103</b>	<b>3. Date Incorporated or Qualified</b> <b>05/31/1990</b> <b>3a. Date of Last Report</b> <b>04/30/1996</b> <b>4. FEI Number</b> <b>65-0205127</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>FREEMAN, STANLEY W.</b> <b>7300 20TH ST., #39</b> <b>VERO BEACH FL 32966</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4535 22nd Lane</b> <b>83</b> <b>84 City</b> <b>VERO BEACH</b> <b>FL</b> <b>85 Zip Code</b> <b>32966-2103</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b> NAME <b>FREEMAN, STANLEY W.</b> STREET ADDRESS <b>7300 20TH ST., SUITE 39</b> CITY - ST - ZIP <b>VERO BEACH FL</b> <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS <b>4535 22nd Lane</b> 1.4 CITY - ST - ZIP <b>VERO BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VSD</b> NAME <b>FREEMAN, JANICE E</b> STREET ADDRESS <b>7300 20TH ST., SUITE 39</b> CITY - ST - ZIP <b>VERO BEACH FL</b> <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS <b>4535 22nd Lane</b> 2.4 CITY - ST - ZIP <b>VERO BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 certify that the information reported 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 on an attachment with an address.

SIGNATURE: JANICE E. FREEMAN JANICE E. FREEMAN 3/25/97 561-569-2917  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0111084

CR2E034 (9/96)