FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M85342** **(7)**

1. Corporation Name

CALIN CORPORATION

Principal Place of Business	Mailing Address
SUITE 2100, 76 SOUTH LAURA JACKSONVILLE FL 32202	SUITE 2100, 76 SOUTH LAURA JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1988	04/13/1994

4. FEI Number: 59-2896932 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business / 2a. Mailing Address — 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 (Suite, Apt #, etc.; City & State; Zip; Country)

9. Name and Address of Current Registered Agent

QUESADA, JR., AUGUST A.
SUITE 2100, 76 SOUTH LAURA
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, that section of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CALCAGNI, WILLIAM G.
STREET ADDRESS	1021 CATHCART ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	HSU, HSIU-MEI
STREET ADDRESS	3791 CATHEDRAL COVE RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[X] Change [ ] Addition

STREET ADDRESS: 3951 Sarah Brook Dr.
CITY-ST-ZIP: Jacksonville, FL 32277

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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William G. Calcagni

0013777 CP