FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 M99094 DOCUMENT # 1. Corporation Name Principal Place of Business 3a. Date of Last Report Applied For Mailing Address 2. Principal Place of Business Not Applicable 65007396 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 6. Election Campaign Financing \$5.00 May Be City & State \Box City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Z_{1D} Country Ζıρ Yes No Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 Zio Code 84 City and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of Such ghange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam 607, 0005, Florida Statutes. Pursuant to the provisions of Section or registered agent, or both, in the CR2E034 (12/95) SIGNA" ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 12. ☐ Change Addition 1 1 TITLE TT DELETE TITLE 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS 1.4 CITY - \$1- ZIP ☐ Addition Change CITY: ST-ZIP 2.1 THLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3 ? NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP 30000175184₽®® -04/29/96--01040--015 CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4.2 NAME ***200.00 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF Change Addition CITY-ST-71P DEL ETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP ☐ Change Addition CITY-ST-ZIP DELETE 6 11111 TIPLE 6.2 NAME NAME 6 3 STREET ADOREST STREET AUDRESS furnished and does not cualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further a partial report is true and accurate and that my signature shall have the same legal effect as if made under a state empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name and trace. 6.4 CITY - ST - Z-F CITY - ST-ZIP this filing is velontarily cort or adpplemental 14. I do hereby certify that the information supplied with the certify that the information indicated on this annual good oath; that I am an efficer or director of the corporation. ceiver or to an address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appéars in Block 12
SIGNATURE: