SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **DDGFI** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG 12 AM 9:31 1997 DIVISION OF CORPORATIONS DOCUMENT 1. Corporation Name THE LOOPER GROUP, INC. N97000004/37 Principal Place of Business Mailing Address P.O. BOX 3074 P.O. BOX 3074 ST. PETERSBURG FL 33713-9998 ST. PETERSBURG FL 33713-9998 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1996 20. Mailing Address 26. 100 Secons Ne.8 2. Principal Place of Business Applied For 59-3386876 21 Not Applicable Sulte, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired suite Fee Required 22 City & State ST. Peter sburg \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LINK, GERRY Atherhold 501 5TH AVENUE N.E. 82 Street Address Museum FLORIDA ST. PETERSBURG FL 33701 83 Suite econs ST. N. 84 retersbura 302 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered tale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tions of, Special 607, 6505, Florida Statutes. 11. Pursuant to the resident (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 2000022538fellang — Adulion -08/15/97-01112-006 DELETE TITLE 1.1 TITLE atherholt, wayne d NAME 1.2 NAME *****61.25 STREET ADDRESS 100 3RD STREET SOUTH 1.3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE **VD** NAME 2.2 NAME BOND, SAM STREET ADDRESS 335 2ND AVENUE N.E. 2.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME DYER, LINDA 32 NAME martino, Debie 263 CENTRA AVENUE STREET ADDRESS 100 2ND STREET NORTH 3.3 STREET ADDRESS ST. Petersburg FL 33701 CITY-ST-ZIP ST. PETERSBURG FL 33701 3.4. CITY - ST - ZIP Change DELETE 4.1 TITLE TITLE CATLSON, ETIC 4. 2 NAME NAME MARTINO, DEBBIE 100 Second Ave. S., Suit e 200 STREET ADDRESS 263 CENTRAL AVENUE 4.3 STREET ADDRESS ST. Petersburg FL 33701 ST. PETERSBURG FL 33701 4.4 CITY-S1-ZIP CITY-ST IZIF DELETE Change Addition TITLE 5110TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: A STATE OF THE SIGNATURE.

14. I do hereby certify that the information s information indicated on this annual red I am an officer or director of the correla appears in Block 12 or Block 13 is annual.

CITY-ST-ZIP

8/6/97 813-822-3693

filed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the consumption of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the consumption of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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