

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

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Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P21576 (4)

1. Corporation Name  
CREDITK CORPORATION



Principal Place of Business  
7 ENTIN RD  
PARSIPPANY NJ 07054  
US

Mailing Address  
7 ENTIN RD  
PARSIPPANY NJ 07054-5001  
US

3. Date Incorporated or Qualified 11/01/1988 3a. Date of Last Report 03/08/1996

|                                |  |                        |  |   |  |  |  |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number 22-2367679  |  | Applied For  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  |   |  | Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required   |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |
| 24 Country                     |  | 29 Country             |  | 30  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>BERGIN, MAUREEN<br>9050 PINES BLVD<br>SUITE 345<br>PEMBROKE PINES FL 33024 |  |  |  | 10. Name and Address of New Registered Agent                          |  |  |  |
|   |  |  |  | 81 Name RICK HALPIN   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City PEMBROKE PINES, FL 85 Zip Code 33024                          |  |  |  |

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* RICK HALPIN DATE 2/15/97

|   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
|---|---|---|----|---------------------------------|------|---------------|--|----------------|------------|--|-----------------|---------------|--|-------|---|---------------------------------|------|-----------------------|--|----------------|------------|--|-----------------|---------------|--|-------|-----|---------------------------------|------|--------------|--|----------------|------------|--|-----------------|---------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|---|--|-----------|---|----------|--|--------------------|--|---------------------|--|-----------|---|----------|--|--------------------|--|---------------------|--|-----------|---|----------|--|--------------------|--|---------------------|--|-----------|---|----------|--|--------------------|--|---------------------|--|-----------|---|----------|--|--------------------|--|---------------------|--|-----------|---|----------|--|--------------------|--|---------------------|--|
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>METZGER, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 ENTIN RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PARSIPPANY NJ</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PASCARELLO, JUDITH A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 ENTIN RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PARSIPPANY NJ</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>METZGER, PEG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 ENTIN RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PARSIPPANY NJ</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |   | TITLE   | PD | <input type="checkbox"/> DELETE | NAME | METZGER, JOHN |  | STREET ADDRESS | 7 ENTIN RD |  | CITY - ST - ZIP | PARSIPPANY NJ |  | TITLE | V | <input type="checkbox"/> DELETE | NAME | PASCARELLO, JUDITH A. |  | STREET ADDRESS | 7 ENTIN RD |  | CITY - ST - ZIP | PARSIPPANY NJ |  | TITLE | STD | <input type="checkbox"/> DELETE | NAME | METZGER, PEG |  | STREET ADDRESS | 7 ENTIN RD |  | CITY - ST - ZIP | PARSIPPANY NJ |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table> |  | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME |  | 1.3 STREET ADDRESS |  | 1.4 CITY - ST - ZIP |  | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME |  | 2.3 STREET ADDRESS |  | 2.4 CITY - ST - ZIP |  | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME |  | 3.3 STREET ADDRESS |  | 3.4 CITY - ST - ZIP |  | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |  | 4.3 STREET ADDRESS |  | 4.4 CITY - ST - ZIP |  | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME |  | 5.3 STREET ADDRESS |  | 5.4 CITY - ST - ZIP |  | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |  | 6.3 STREET ADDRESS |  | 6.4 CITY - ST - ZIP |  |
| TITLE   | PD  | <input type="checkbox"/> DELETE                       |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| NAME  | METZGER, JOHN   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| STREET ADDRESS  | 7 ENTIN RD  |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| CITY - ST - ZIP   | PARSIPPANY NJ   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| TITLE   | V   | <input type="checkbox"/> DELETE                       |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| NAME  | PASCARELLO, JUDITH A.   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| STREET ADDRESS  | 7 ENTIN RD  |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| CITY - ST - ZIP   | PARSIPPANY NJ   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| TITLE   | STD   | <input type="checkbox"/> DELETE                       |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| NAME  | METZGER, PEG  |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| STREET ADDRESS  | 7 ENTIN RD  |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| CITY - ST - ZIP   | PARSIPPANY NJ   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
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| NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
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| NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 1.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 1.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 1.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 2.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 2.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 2.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 3.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 3.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 3.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 4.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 4.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 4.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 5.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 5.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 5.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 6.2 NAME  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 6.3 STREET ADDRESS  |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |
| 6.4 CITY - ST - ZIP   |   |   |    |                                 |      |               |  |                |            |  |                 |               |  |       |   |                                 |      |                       |  |                |            |  |                 |               |  |       |     |                                 |      |              |  |                |            |  |                 |               |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |   |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |           |   |          |  |                    |  |                     |  |

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

SIGNATURE: *[Signature]* DATE 2/7/97

CR2E034 (9/96)