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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| Principal Place of Business 100 MAIN STREET P.O. BOX 157 SCOTT MS 38772 | | Mailing Address 100 MAIN STREET P.O. BOX 157 SCOTT MS 38772-0157 | 100 MAIN STREET P.O. BOX 157 | | | | | |
|---|--|--|---|--|--|-----------------------------|--|----------------------------|
| | | | | | 3. Date Incorporated or Qualified 07/28/1989 | E | ate of Last R 20/1996 | eport |
| , , | Place of Business | 2a. Mailing Address | | , , , | 4. FEI Number | | Ap | optied For |
| Suite, Ar | ot #.elc | Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · · | _ | 62-1040440 | | \$8.75 | t Applicabl |
|] | | 27 | | | 5. Certificate of Status Desired | | Fee Re | |
| City & St. | ale | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| <u>Ζ</u> ιρ | Country | 28 | Country | | Trust Fund Contribution 8. This corporation has liability for | or intendible | bebbA | |
| | 25 | 29 | 30 | | Florida Statutes | Yes [| X No | . 199.002, |
| | 9. Name and Address of Cui | rrent Registered Agent | | | 10. Name and Address of New | Registered | Agent | |
| | IE PRENTICE-HALL CORPORAT | TON SYSTEM, INC. | 61 | Name | | | | |
| | O NORTH MAGNOLIA ST. | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IA | LLAHASSEE FL 32301 | | 83 | | | | | |
| | | | 84 | City | | | 85 Zip (| Code |
| | | | 1 1 | • | | FL | . [] | |
| | | 0502 and 607.1508, Florida Stat tate of Florida. Such change was bligations of, Section 607.0505, i | utes, the above authorized by lorida Statutes. | -named corp the corporati | oration submits this statement for the ion's board of directors. I hereby acc | e purpose o cept the app | of changing it pointment as | ts registere registered |
| GNATURI | Signature typed or printed name of registerns | d agent and lite if applicable (No | TE Registered Agen | nt signature requir | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTOR | RS IN 12 |
| GNATURI L | Stgrature typed or printed name of registers OFFICERS P | d agent and little it applicable (N | TE: Registered Agen 13. 1.1 TiTLE | nt signature require | ed when reinstaling) ADDITIONS/CHANGES TO OFI | DATE | | RS IN 12 |
| GNATURI , LF ME | Signature typed or purified name of registerer OFFICERS P ROBINSON, F.M. | d agent and lite if applicable (No | TE Registered Agen | nt signature require | ed when reinstaling) ADDITIONS/CHANGES TO OFI | DATE | D DIRECTOR | S IN 12 |
| GNATURI LE ME REET ADDRES | Signature: typed or puriled name of registers: OFFICERS P ROBINSON, F.M. | d agent and little if applicable INI AND DIRECTORS DELETE | TE Registered Agen 13. 1.1 TITLE 1.2 NAME | nt signature requir | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AND | D DIRECTOR | RS IN 12 |
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SIGNATURE:

ONIFULA Togodinski 4-24-97

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Secretary of State