SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P36279** **(8)**

1. Corporation Name

PIQUNIQ MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1509 ST. ANDREWS BLVD. **PANAMA CITY FL 32405**	**1509 ST. ANDREWS BLVD.** **PANAMA CITY FL 32405**

3. Date Incorporated or Qualified: **11/06/1991**
3a. Date of Last Report: **10/20/1995**

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

4. FEI Number: **92-0086738** ☐ 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, EVERETT
1509 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PCEO**	☐ DELETE	11 TITLE	**Vice President, Finance**	☐ Change ☒ Addition
NAME	**BROWER, CHARLES D**		12 NAME	**Jeff Hueners**	
STREET ADDRESS	**6613 BRAYTON DRIVE**		13 STREET ADDRESS	**6613 Brayton Drive**	
CITY-ST-ZIP	**ANCHORAGE AK 99507**		14 CITY-ST-ZIP	**Anchorage, AK 99507**	
TITLE	**CD**	☐ DELETE	21 TITLE	**VP, Bus. Dev. & Ops.**	☐ Change ☒ Addition
NAME	**AHGEAK, MAX**		22 NAME	**John Voth**	
STREET ADDRESS	**6986 AHMAOGAK STREET**		23 STREET ADDRESS	**6613 Brayton Drive**	
CITY-ST-ZIP	**BARROW AK 99723**		24 CITY-ST-ZIP	**Anchorage, AK 99507**	
TITLE	**SD**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**KRATZER, JAMES**		32 NAME		
STREET ADDRESS	**6600 PLAZA DRIVE**		33 STREET ADDRESS		
CITY-ST-ZIP	**NEW ORLEANS LA 70127-2584**		34 CITY-ST-ZIP		
TITLE	**TD**	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	**BURRIS, TERRY**		42 NAME		
STREET ADDRESS	**1230 AGVIK STREET**		43 STREET ADDRESS		
CITY-ST-ZIP	**BARROW AK 99723**		44 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	**CHRISTENSEN, JEANETTE**		52 NAME		
STREET ADDRESS	**1230 AGVIK STREET**		53 STREET ADDRESS		
CITY-ST-ZIP	**BARROW AK 99723**		54 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	**BROWER, CHARLES DN**		62 NAME		
STREET ADDRESS	**392 OGROOK STREET**		63 STREET ADDRESS		
CITY-ST-ZIP	**BARROW AK 99723**		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jeff Hueners, VP, Finance (907) 522-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #