FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P39421 (3)

1. Corporation Name

AUTOMATED GROUP ADMINISTRATION, INC.

Principal Place of Business
2270 LAKE AVE., SUITE 130
FT. WAYNE IN 46805

Mailing Address
PO BOX 15568
FORT WAYNE IN 46885
US

3. Date Incorporated or Qualified: 06/25/1992
3a. Date of Last Report: 02/06/1995
4. FEI Number: 35-1802248 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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**

MILSTEAD, JERRY
399 E. LAKE DR.
LAND O'LAKES FL 34639

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 ____

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	WARD, GREGORY E.	
STREET ADDRESS	2270 LAKE AVE.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	DVC	☐ DELETE
NAME	SELBY, PAUL E.	
STREET ADDRESS	2270 LAKE AVE.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	DVP	☐ DELETE
NAME	LUZADDER, CAROLYN	
STREET ADDRESS	2270 LAKE AVE.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	D	☐ DELETE
NAME	WARD, DAVID R.	
STREET ADDRESS	2270 LAKE AVE.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	ST	☐ DELETE
NAME	SELBY, PAUL E.	
STREET ADDRESS	2270 LAKE AVE.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(x), 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] PAUL E. SELBY 2/ /96 (219) 424-0383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #