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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

## 1996

| 1. Corpora   | S I PARTNE  | RS, INC.  |                                    |   |                                       |  |  |                               | i kaaligaal kaa kong kana kaka             | 1 <b>670</b> ) (61) 6161               | ) <b>a</b> iaii <b>a</b> :aii  | DIRIT BIAN ALB:                            | e <b>H1</b>       |
|--|---|---|------------------------------------|---|---------------------------------------|--|--|-------------------------------|--|--|--|--|-------------------|
| 250 AUST<br>SUITE 400<br>W. PALM   | RALIAN AVE S.<br>BEACH FL 3340  |   |                                    | 1ailing Address<br>250 AUSTRAL<br>SUITE 400<br>W PALM BEA | JAN AVE                               |  |  |                               |  |  |  |  |                   |
| US<br>   |   |   |                                    | US  |                                       |  |  | 3.                            | Date Incorporated or Qualifi 08/11/1992    | ed 3a.                                 | Date of La<br>05/01/   |  |                   |
| 2. Principa<br>1   | Place of Busine   | ess   | 2a<br>26                           | . Mailing Add   | Iress                                 |  |  | 4.                            | FEI Number 65-0349727                      | —————————————————————————————————————— |  | Applied                                    |                   |
|  | ol.#, etc.  |   | 27                                 | Suite, Apt. #, etc.                                       |                                       |  | 5.   | Certificate of Status Desired |  |  | Not Applicable \$8.75 Additional   |  |                   |
| City & S   | tate  |   | 2/]                                | City & State  |                                       |  |  |                               | Election Campaign Financin                 |  |  | ee Require 5.00 May                        |                   |
| 3]<br>Zip  |   | Country   | 28                                 | Zip   |                                       | Count  | ~···   |                               | Trust Fund Contribution                    |  | . A  | dded to Fee                                | es                |
| 4]   |   | 25<br>and Address of Curre  | 29                                 |   |                                       | 30   |  |                               |  | Yes □ No                               |  |  | 12,               |
|  | 9. Name   | and Address of Curre  | nt Hegis                           | stered Agent  |                                       | 8  | 1 Name   | 10.                           | Name and Address of Ne                     | w Register                             | ed Agent   |  |                   |
|  | I, KATHLEEN   |   |                                    |   |                                       | 8  |  | Address (P.C                  | D. Box Number is Not Acce                  | ntahle)                                |  |  |                   |
|  | CLEARLAKE (<br>Ustraijan a  | Centre<br>Ave. S., Suite 400  |                                    |   |                                       | 8  |  |                               |  |  |  |  | <del></del>       |
|  | LM BEACH F  |   |                                    |   |                                       |  |  |                               |  |  | <del></del>  |  |                   |
|  |   |   |                                    |   |                                       |  | 4 City   |                               | -  |  |  |  |                   |
|  | 1 F   | ons of Sections 607.050<br>both, in the State of Flor<br>It the obligations of, Sec   | 2 and 60<br>ida. Such<br>tion 607. | 7.1508, Florid<br>change was<br>0505, Florida             | la Statutes<br>authorize<br>Statutes. | s, the above<br>d by the cor   | 1  | rporation su<br>board of dire | abmits this statement for the accept the a | purpose of<br>appointment              | changing<br>as registe   | Zip Gode<br>its registere<br>ered agent. I |                   |
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SIGNATURE:

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (407) 820-1300