## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

|  | I. REPORT   | DIV  | Secretary of<br>SION OF COF    |  |   |  |
|--|---|--|--------------------------------|--|---|--|
| OCUM<br>Corporation N  | ENT # <b>P920</b>   | 0001275  | 9 (6)                          |  |   |  |
| '  | OUTBACK, INC.   |  |                                |  |   |  |
| DOMA   | JOIDHOU, MO.  |  |                                |  | \  \  \  \  \  \  \  \  \  \  \  \  \   |  |
| incipal Place of   | Rucinace  | Maling Addre   | SS                             |  | LUDRIDAD HR IDIID HEN DON BUI   |  |
| •  | Desires   | P O BOX 4  |                                |  |   |  |
| P O BOX 445<br>WINTER PARK   | FL  | WINTER PA  |                                |  |   |  |
|  |   |  |                                |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report  |
|  |   |  |                                |  | 12/14/1992<br>4. FEI Number   | 04/17/1995<br>Applied For  |
| Principal Place  | e of Business   | 2a. Mailing Ad   | agress                         |  | 59-3187321  | Not Applicable   |
| Suite, Apt. #,   | €tc.  | Suite, Apt   | #. etc.                        |  | 5. Certificate of Status Desired  | \$8.75 Additional  |
|  |   | 27   |                                | .,   |   | Fee Required   |
| City & State   |   | Oity & Sta   | ite                            |  | 6. Election Campaign Financing<br>Trust Fund Contribution                         | \$5.00 May Be Added to Fees  |
| Z <sub>I</sub> p   | Country   | Zıp  | T                              | Country  | 8. This corporation has liability for   | intangible tax under s. 199.032,   |
| -«r«   | 25  | 29   | 30                             | 0  |   | S No   |
|  | g. Name and Address of Cu   | rrent Registered Age   | nt                             | B1 Name  | 10. Name and Address of New   | vefiziaien wäsiir  |
|  | 44.84   |  |                                | 1 1  | ress (P.O. Box Number is Not Accepta  | hle)   |
| WELLS, N   | Mark<br>It New England Ave  |  |                                | 82 Street Add  | ress (r*.U. Box number is not Accepta   | nia)   |
|  | PARK FL 32789   |  |                                | 83   |   |  |
| THIN LET   | Marit of 100  |  |                                | 84 City  |   | 85 Zip Code  |
|  |   |  |                                | '  |   | FL   S   |
| or registered<br>familiar with   | the provisions of Sections 607,<br>diagent, or both, in the State of<br>, and accept the obligations of   |  | ida Statutes.                  | by the corporation state   | ration submits this statement for the partial of directors. Thereby accept the ap | move of changing its registered offic  |
| or registered<br>familiar with<br>IGNATURE   | diagent, or both, in the State of<br>, and accept the obligations of<br>igainer types or preditable of emblers.   | Section 607.0505 Flor tage training to the CTORS   | ida Statutes.                  | the above named corporate the above named corporate is both the corporation's both the part of the par | of whole sites)   | urpose of changing its registered office pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12   |
| or registered familiar with  | d agent, or both, in the State of it, and accept the obligations of the obligations of the obligation | Section 607.0505 Flor tage training to the CTORS   | ida Statutes.                  | Equation Application of Section 18 13.   | of whole sites)   | urpose of changing its registered offic<br>pointment as registered agent if am<br>DATE   |
| or registered familiar with GNATURE.   | d agent, or both, in the State of it, and accept the obligations of OFFICERS  D WELLS, MARK   | Section 607.0505 Flor tage training to the CTORS   | ida Statutes.                  | T3. 1 TITE 12 NAME   | of whole sites)   | rpose of changing its registered offic<br>pointment as registered agent. I am<br>DATE<br>FICERS AND DIRECTORS IN 12  |
| or registered familiar with GNATURE. SI L. LE ME REET ADDRESS  | of agent, or both, in the State of it, and accept the obligations of OFFICERS  D WELLS, MARK P O BOX 445 N/A  | Section 607.0505 Flor  Specific Flor  Specific Flor  Specific Flor  Specific Flor  Directors | ida Statutes.                  | Equation Application of Section 18 13.   | of whole sites)   | rpose of changing its registered office pointment as registered agent. I am  CATE  FICERS AND DIRECTORS IN 12  Charge Addition   |
| or registered familiar with GNATURE:  SELE  ME  REET ADDRESS  TY-ST-Z-P  | d agent, or both, in the State of it, and accept the obligations of OFFICERS  D WELLS, MARK   | Section 607.0505 Flor  | ida Statutes.                  | 13. 1 1 11 11 1 1 2 NAME 1.3 STREET ADDRESS  | of whole sites)   | urpose of changing its registered office pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12   |
| or registered familiar with GNATURE SI   | of agent, or both, in the State of it, and accept the obligations of OFFICERS  D WELLS, MARK P O BOX 445 N/A  | Section 607.0505 Flor  | da Statules.                   | 13. 1 1111E 12 NAME 1.3 STHELF ADDRESS 1 4 CITY-ST-ZIP 2 1 TITE 2 NAME   | of whole sites)   | urpose of changing its registered office pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12  Charge Addition  |
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SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR