FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachmer

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAR 27 AM 10: 49 1998 DIVISION OF CORPORATIONS SECH WAY WE STATE WALLANGSON, FLORIDA DOCUMENT # P92000013154 (9) OHP HOLDINGS, INC. Principal Place of Business Mailing Address 102 NOCOSSA CIR 102 NOCOSSA CIR STE 2600 120 ADELAIDE ST W. JUPITER FL 33458 DO NOT WRITE IN THIS SPACE JUPITER FL 33458 3. Date Incorporated or Qualified 12/21/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0488040 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žiρ Country Zip Country This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GLADFELTER, LESLIE H 1023 MANATEE AVE W 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change ■ Addition 1.1 TITLE TITLE D GRAY, GORDON C NAME 1.2 NAME 33 YONGE ST SUITE 1150 1.3 STREET ADDRESS STREET ADDRESS TORONTO ONTARIO CD CITY - ST-ZIP 1.4 CITY - ST - 7IP DELETE 2.1 TITLE TITLE -04/01/98---n1085 MCCUTCHEON, JAMES W 2.2 NAME MAME ****150.00 **TORONTO DOMINION BANK TOWER STE 5500** TREET ADDRESS 2.3 STREET ADDRESS TORONTO ONTARIO CD CITY-ST-ZIE 2. 4 CITY - ST - ZIP 60000247 -04/01/98--01085-DELETE 3.1 TITLE TITI F NAME BEATTIE, ALAN L 3.2 NAME ******8.75 ******B.75 250 YONGE ST 15TH ST STREET ADDRESS 3.3 STREET ADDRESS TORONTO ONTARIO CD CITY-S1-ZIP 3.4. CITY - ST - ZIP Change ___ Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual leport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment within a affects.

March 12 199 D