FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000026327 (5)

1. Corporate Name

TRUDY L. LESSNE, INC.

Principal Place of Business: 9100 W ATLANTIC BLVD #611, CORAL SPRINGS FL 33071

Mailing Address: 9100 W ATLANTIC BLVD #611, CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1993	03/07/1994

4. FEI Number: 65-0407963 — 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 [X] No

2. Principal Office Address: 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

9. Name and Address of Current Registered Agent

LESSNE, TRUDY L
9100 W ATLANTIC BLVD #611
CORAL SPRINGS FL 33071

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 [signature] T.L.L. 5-3-95 T.L.L.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LESSNE, TRUDY L
STREET ADDRESS	9100 W. ATLANTIC BLVD., #611
CITY-ST-ZIP	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

14. I 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)(a), 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] 5-4-95 305-345-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0115024 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # P93000026789 (6)

1. Corporation Name

WARDCO, INC.

Principal Place of Business: 2912 S. 50TH ST, TAMPA FL 33619

Mailing Address: 2912 S. 50TH ST, TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3195143 — 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: [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address

21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

WARD, KEN
701 BAYSHORE #101
TAMPA FL 33606

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 sections 607.0505, Florida statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARD, KEN
STREET ADDRESS	701 BAYSHORE BLVD #101
CITY-ST-ZIP	TAMPA FL 33606
TITLE	S
NAME	COX, MORRIS
STREET ADDRESS	301 FLORILAND
CITY-ST-ZIP	TAMPA FL 33612
TITLE	T
NAME	COX, MARYLOU
STREET ADDRESS	301 FLORILAND
CITY-ST-ZIP	TAMPA FL 33612

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition)

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)(i), 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: Ken Ward President (signature) — 5/5/96 — 813-251-4188

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

0200177 CP