SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000031004 (3)

1. Corporation Name

CALLISTO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1395 TAURUS COURT MERRITT ISLAND FL 32953 US	1395 TAURUS COURT MERRITT ISLAND FL 32953 US

3. Date Incorporated or Qualified: **04/28/1993**
3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 1519 Clearlake Road	26 1519 Clearlake Rd
22 Suite, Apt. #, etc. Bldg C, Suite 108	27 Suite, Apt. #, etc. Bldg C, Suite 108
23 City & State Cocoa FL	28 City & State Cocoa FL
24 Zip 32922 25 Country US	29 Zip 32922 30 Country US

4. FEI Number: **52-1825643** ☐ 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 ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THIEBES, JOHN W 423 BREVARD AVE COCOA FL 32922	81 Name: Marc Timm 82 Street Address (P.O. Box Number is Not Acceptable): 1519 Clearlake Road 83 Bldg C, Suite 108 84 City: ~~Cocoa~~ Cocoa FL 85 Zip Code: 32922

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: Marc Timm 8-2-96
Signature, typed or printed name of registered agent and title of officer if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOST, BRUCE D PO BOX 391709 MOUNTAIN VIEW CA 04	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	100001932641 -08/27/96--01073--014 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRUENDEL, DOUGLAS J. 5001 PILGHRIMS PATHWAY CONDO E TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition Gruendel, Douglas J 824 Blackgum Ct Orlando, FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMM, MARC G 1395 TAURUS CT MERRITT ISLAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marc Timm Marc Timm 7/23/96 (407)638-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #