

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000033056 (1)

1. Corporation Name

ARAMAC CORPORATION, INC.



Principal Place of Business

Mailing Address

1410 SEAGULL DR.
SUITE 11
ST. PETERSBURG FL 33707
US

PO BOX 7212
SEMIMOLE FL 34642-9212
US

| | |
|--|---|
| 3. Date Incorporated or Qualified 05/03/1993 | 3a. Date of Last Report 05/22/1995 |
| 4. FEI Number 59-3183247 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | | |
|--|------------------|---------|-------------|-----|--|------------------|---------|-------------|-----|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 25. | 26. Mailing Address Suite, Apt. #, etc. | 27. City & State | 28. Zip | 29. Country | 30. |
|--|------------------|---------|-------------|-----|--|------------------|---------|-------------|-----|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC NAMARA, MARY A
2037 EDGEWATER DRIVE
SUITE 11
CLEARWATER FL 34615

| | |
|--|-------------------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | 1410 Sea Gull Drive So. |
| 83. | |
| 84. City | St. Petersburg |
| 85. Zip Code | FL 33707 |

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

Mary A. Mc Namara, pres.

(NOTE: Registered Agent signature required when re-appointing)

DATE

4/25/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MC NAMARA, MARY A | 1.2 NAME | |
| STREET ADDRESS | 1410 SEA GULL DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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

SIGNATURE:

Mary A. Mc Namara

President 4/25/96 813-345-5270

DATE

DAYTIME PHONE #

CR2E034 (12/95)