FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047250 (4)

1. Corporate Name
TOTEM AMALGAMATED, INC.

Principal Place of Business
2640 NW 83RD TER
CORAL SPRINGS FL 33065

Mailing Address
2640 NW 83RD TER
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 04/20/1994

2. Former Name of Corporation
21
Street Apt. # or
22
City & State
23
24 25

2a. Mailing Address
26
Street Apt. # or
27
City & State
28
29 30

4. FEI Number: 13-2866212 — 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. The corporation has already filed an income tax under s. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent
CALLAHAN, KAREN
2640 NW 83RD TER
CORAL SPRINGS FL 33065

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 of Registered Agent or Officer of Corporation — Date — Signature of Registered Agent (if not a corporate officer) — Date

12. OFFICERS AND DIRECTORS

Title	D
Name	CALLAHAN, KAREN
Street Address	2640 NW 83RD TER
City, St, Zip	CORAL SPRINGS FL 33065
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	
Title	
Name	
Street Address	
City, St, Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title	☐ Change ☐ Addition
1. Name	
1. Street Address	
1. City, St, Zip	
2. Title	☐ Change ☐ Addition
2. Name	
2. Street Address	
2. City, St, Zip	
3. Title	☐ Change ☐ Addition
3. Name	
3. Street Address	
3. City, St, Zip	
4. Title	☐ Change ☐ Addition
4. Name	
4. Street Address	
4. City, St, Zip	
5. Title	☐ Change ☐ Addition
5. Name	
5. Street Address	
5. City, St, Zip	
6. Title	☐ Change ☐ Addition
6. Name	
6. Street Address	
6. City, St, Zip	

14. I hereby certify that the information supplied with this report is accurate, complete and current as of the date of this report, to the extent required by Section 607.0505, Florida Statutes. I further certify that I am familiar with the contents of the annual report or supplemental annual report. I am aware that false information submitted to the Department of State may be punishable under Section 817.155, Florida Statutes, and that, pursuant to Section 607.0505(2), Florida Statutes, the Department may dissolve the corporation if it has failed to file the annual report as required by Section 607.0505, Florida Statutes, and that, pursuant to Section 607.0505(3), Florida Statutes, the Department may administratively dissolve the corporation if it has failed to file the annual report with an address.

SIGNATURE: Karen Callahan — 4/28/95 — 305-753-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100642 CP