FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
1995 MAR 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053264 (6)

1. Corporation Name
REQUISITE ORGANIZATION ASSOCIATES, INC.

Mailing Address
~~2045 GULF OF MEXICO DR.~~
~~SUITE 507~~
~~LONGBOAT KEY FL 34228~~

Principal Place of Business
~~2045 GULF OF MEXICO DR.~~
~~SUITE 507~~
~~LONGBOAT KEY FL 34228~~

as of March 31, 1995

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1993	3a. Date of Last Report: 6/94
4. FEI Number: 65-0428972	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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address
21 2016 Harbourside Dr.
Suite, Apt. #, etc.
22 323
City & State
23 Longboat Key FL
Zip 24 34228 Country 25 U.S.

2a. Principal Place of Business
26 2016 Harbourside Dr.
Suite, Apt. #, etc.
27 323
City & State
28 Longboat Key FL
Zip 29 34228 Country 30 US

9. Name and Address of Current Registered Agent

LEE NANCY R
~~2045 GULF OF MEXICO DR.~~ 2016 Harbourside Drive
~~SUITE 507~~ #323
LONGBOAT KEY FL 34228
as of 3/31/95

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 607.0501 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Nancy R. Lee DATE 3/10/95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D	1.1 TITLE
1.2 NAME LEE NANCY R	1.2 NAME
1.3 STREET ADDRESS ~~2045 GULF OF MEXICO DR., STE. 507~~ 2016 Harbourside Drive #323	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ~~LONGBOAT KEY FL 34228~~ Longboat Key FL 34228 as of 3/31/95	1.4 CITY-ST-ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME N/C	3.2 NAME 400001434784
3.3 STREET ADDRESS	3.3 STREET ADDRESS -03/21/95--01079--005
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP ****200.00 ****200.00
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME N/A
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP 3-17

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter ~~607~~, 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: Nancy R. Lee 3/10/95 813-387-0170
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
Nancy R. Lee
Date Daytime Phone #