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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069366 (1)

WILLIS AND COMPANY, INC.

Principal Place of Business Mailing Address 330 JULIA ST 830 JULIA ST KEY WEST FL 33040-7512 KEY WEST FL 33040 3a. Date of Last Report 3. Date Incorporated or Qualified 09/30/1993 06/07/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0440016 Not Applicable 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Žip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo CATALFOMO, ANTHONY 517 WHITEHEAD ST Street Address (P.O. Box Number is Not Acceptable) 82 KEY WEST FL 33040 A3 84 City 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, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change DELFTE ___ Addition PSTD 1.1701.6 TITLE WILLIS, TERESA 1.2 NAME NAME 330 JULIA ST 13 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELLTE Change Addition 21 1011 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - 7IP CITY-ST-ZIP Change DELETE Addition TITLE 41 THLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - ST - ZIP Change Addition DELETE 51 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition 6.1 THLE TITE F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fring 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if Block 13 if changes, or or an all achiment with an address.