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

FILED
96 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081355 (8)**

1. Corporation Name
ALUMNI RESEARCH, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 220 TARPON SPRINGS FL 34688	POST OFFICE BOX 220 TARPON SPRINGS FL 34688

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business
21 P.O. Box 3500
22 Suite, Apt. #, etc
23 City & State: Holiday, FL
24 Zip: 34690 25 Country: USA

2a. Mailing Address
26 P.O. Box 3500
27 Suite, Apt. #, etc.
28 City & State: Holiday, FL
29 Zip: 34690 30 Country: USA

4. FEI Number: 59-3213691 ☐ 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

KISER, S C
1968 BAYSHORE BLVD.
DUNEDIN FL

10. Name and Address of New Registered Agent

81 Name: Robert Laping
82 Street Address (P.O. Box Number is Not Acceptable): 2717 Seville Blvd
83 #1104
84 City: Clearwater FL 85 Zip Code: 34624

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: Robert L Laping — Robert L. Laping — 4/24/96
Signature, typed or printed name of registered agent, and date (New Registered Agent signature required when so stating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PST~~ D. Pres.	☒ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	~~BUENNING R A~~ FRANK A. DeFRANK		12 NAME	D/P/C Frank A. DeFrank
STREET ADDRESS	~~P O BOX 220~~ P.O. Box 3500		13 STREET ADDRESS	3333 US 19
CITY-ST-ZIP	~~TARPON SPRINGS FL~~ Holiday, FL 34690		14 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D	☒ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	WILLIAMSON, IAN		22 NAME	D Ian Williamson
STREET ADDRESS	P O BOX 220		23 STREET ADDRESS	3333 US 19
CITY-ST-ZIP	TARPON SPRINGS FL		24 CITY-ST-ZIP	Holiday, FL 34691
TITLE		☐ DELETE	31 TITLE	☐ Change ☒ Addition
NAME			32 NAME	V/D Salvatore J. Pellicane
STREET ADDRESS			33 STREET ADDRESS	3333 US 19
CITY-ST-ZIP			34 CITY-ST-ZIP	Holiday, FL 34691
TITLE		☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME			42 NAME	V Robert L. Laping
STREET ADDRESS			43 STREET ADDRESS	3333 US 19
CITY-ST-ZIP			44 CITY-ST-ZIP	Holiday, FL 34691
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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: Frank A. DeFrank — 4/12/96 — 813-847-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #