FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # P93000084582 (4)

1. Corporation Name

SRINAGAR, INC.

Principal Place of Business	Mailing Address
4300 N. MERIDIAN TALLAHASSEE FL 32312	P.O. BOX 14206 TALLAHASSEE FL 32317-4206

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1993	**02/13/1996**

2. Principal Place of Business

21		2a. Mailing Address	26
Suite, Apt. # etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number **59-3226069** □ 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

LOVETT, JOHN C
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS

			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PST**	□ DELETE	1.1 TITLE	□ Change	□ Addition
NAME	**PHIPPS, COLIN S**		1.2 NAME		
STREET ADDRESS	**4300 N. MERIDIAN**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**TALLAHASSEE FL 32312**		1.4 CITY-ST-ZIP		
TITLE		□ DELETE	2.1 TITLE	□ Change	□ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		□ DELETE	3.1 TITLE	□ Change	□ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE	□ Change	□ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		□ DELETE	5.1 TITLE	□ Change	□ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		□ DELETE	6.1 TITLE	□ Change	□ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 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: _Colin S Phipps_ REQUIRED   1/20/97   904 893-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   Daytime Phone #