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PROFIT CORPORATION \*ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|   | 1996   | DIVISION OF C  | CORPORATIONS   | 1  |   |  |
|---|--|--|--|--|---|--|
| DOCU  |  | 00001036 (0)   |  |  |   |  |
| 1. Corporation  | Name   | ` '  | !  |  |   |  |
| ADMIN   | ISTRATIVE SERVICES ONI   | LY, INC.   |  | I IBBUDAN JIN IBIN BURU BANK BA  | <br>  | • HEIO DIN 1861                                  |
|   |  |  |  |  |   |  |
| Principal Place   | of Business  | Mailing Address  |  | 4 100/1000 1010 10111 0/011 8 011 00F  | IFF ODDIL BOILS DUID! LIDII WALD  | O FAICO OTAL POOL                                |
| 530 1/2 OLD   |  | 530 1/2 OLD MAIN ST.   |  |  |   |  |
| Bradenton<br>US   | FL 34205   | BRADENTON FL 34205<br>US   |  |  |   |  |
| •   |  |  |  | 3. Date Incorporated or Qualified 12/28/1993   | 3a. Date of Last Re<br>05/01/199  |  |
| 2. Principal Pla  | ice of Business  | 2a. Mailing Address<br>26  |  | 4. FEI Number 59-3217359   |   | applied For                                      |
| Suite, Apt. #   | I, etc.  | Suite, Apt. #, etc.  |  |  |   | Not Applicable  Additional                       |
| 22  |  | 27   |  | 5. Certificate of Status Desired   | 11/   | Required   |
| City & State  |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution  |   | May Be   |
| Zip   | Country  | Zip  | Country  | 8. This corporation has liability for  |   |  |
| 24  | 25   | 29   | 30   | Florida Statutes Ye  | s 🔲 No  |  |
|   | 9. Name and Address of Curre   | nt Registered Agent  |  | 10. Name and Address of New  | Registered Agent  |  |
| OLINE I   | JADOADET 11  |  | 81 Name  |  |   |  |
| CLINE, MARGARET M<br>5301/2 OLD MAIN ST   |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |   |  |
|   | ITON FL 34205  |  | 83   |  |   |  |
| <del>-</del>  |  |  | 84 City  |  | pr 7  | A. 4.  |
|   |  |  | <b>84</b>   City   |  | <b>   85</b>   Zip  | Code   |
|   |  |  |  |  | FL   "   "  |  |
| or reaistere  | ed agent, or both, in the State of Flori   | rida. Such chahoe was authorized   | the above-named co   | orporation submits this statement for the pur  | rnose of changing its re  | egistered office                                 |
| or reaistere  | o the provisions of Sections 607.0502<br>ad agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect  | rida. Such chahoe was authorized   | the above-named co   | orporation submits this statement for the puboard of directors. I hereby accept the app  | rnose of changing its re  | gistered office<br>agent. I am                   |
| or registere<br>familiar with<br>SIGNATURE  | ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Secl   | rida. Such change was authorized<br>ction 607.0505, Florida Statutes.  | the above-named co<br>d by the corporation's   | board of directors. I hereby accept the app  | urpose of changing its re<br>pointment as registered                                      | egistered office<br>agent. I am                  |
| or registere<br>familiar with<br>SIGNATURE  | ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect<br>Signature typed or printed name of registered agent<br>OFFICERS AN   | rida. Such change was authorized<br>ction 607.0505, Florida Statutes.  | the above-named co   | board of directors. I hereby accept the app  | urpose of changing its re<br>pointment as registered                                      | agent. I am                                      |
| or registere<br>familiar with<br>SIGNATURE  | ad agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect<br>Signature typed or printed name of registered agen<br>OFFICERS AN  | rida. Such change was authorized<br>ction 607.0505, Florida Statutes.  | the above-named code by the corporation's  | board of directors. I hereby accept the application of directors and the property of the prope | urpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR             | agent. I am                                      |
| or registere familiar with SIGNATURE  | ad agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect<br>Signature typed or printed name of registered agen<br>OFFICERS AN<br>PD<br>CLINE, MARGARET M   | rida, Such change was authorized<br>stion 607.0505, Florida Statutes.  nt and litter applicable. (NOTE<br>NO DIRECTORS   | the above-named cod by the corporation's  Rogstered Agent signature in  13.  1.1 TITLE  1.2 NAME   | acquired when renistating)  ADDITIONS/CHANGES TO OF  | urpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR             | agent. I am                                      |
| or registere familiar with SIGNATURE  | ad agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect<br>Signature typed or printed name of registered agen<br>OFFICERS AN<br>PD<br>CLINE, MARGARET M<br>5301/2 OLD MAIN ST   | rida, Such change was authorized<br>stion 607.0505, Florida Statutes.  nt and litter applicable. (NOTE<br>NO DIRECTORS   | the above-named cod by the corporation's  Rogstered Agent signature in  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS   | D.  ELEANDR B. PERKINS  5301/2 OLD MAIN ST.  | rpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR  Change      | agent. I am                                      |
| or registere familiar with SIGNATURE  | ad agent, or both, in the State of Florin, and accept the obligations of, Section of Signature typed or printed name of registered agent OFFICERS AN PD CLINE, MARGARET M 5301/2 OLD MAIN ST BRADENTON FL  | rida. Such change was authorized stion 607.0505, Florida Statutes.  nt and title if applicable. NOTE DIRECTORS   | the above-named code by the corporation's  Rogistered Agent signature in  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | acquired when renistating)  ADDITIONS/CHANGES TO OF  | urpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR  Change     | RS IN 12   |
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| or registere familiar with SIGNATURE  | ad agent, or both, in the State of Florin, and accept the obligations of, Section of Signature typed or printed name of registered agent OFFICERS AN PD CLINE, MARGARET M 5301/2 OLD MAIN ST BRADENTON FL  | rida. Such change was authorized stion 607.0505, Florida Statutes.  nt and title if applicable. NOTE DIRECTORS   | Rogistered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  | D.  ELEANDR B. PERKINS  5301/2 OLD MAIN ST.  | urpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR  Change     | RS IN 12   |
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| or registere familiar with SIGNATURE  12.  TITLE NAME: STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS   | pd agent, or both, in the State of Florin, and accept the obligations of, Section, and accept the obligations of, Section of Section 1997.  OFFICERS AN PD CLINE, MARGARET M 5301/2 OLD MAIN ST BRADENTON FL SD WRIGHT, MARTHA S 5301/2 OLD MAIN ST BRADENTON FL D   | rida. Such change was authorized stion 607.0505, Florida Statutes.  nt and title if applicable. NOTE DIRECTORS   | Rogistered Agent signature re  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | D.  ELEANDR B. PERKINS  5301/2 OLD MAIN ST.  | urpose of changing its re- pointment as registered  DATE  FICERS AND DIRECTOR  Change     | RS IN 12   |
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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 changes, or on an appears in address.

941. 745. 3626 Daysnie Priore