FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:41

DOCUMENT # P94000012205 (8)

1. Corporation Name
MERGER & ACQUISITION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1000 N. ASHLEY DRIVE STE. 620 TAMPA FL 33602	1000 N. ASHLEY DRIVE STE. 620 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 201 N. FRANKLIN ST.	26 201 N. FRANKLIN ST.
Suite, Apt. #, etc. 22 SUITE 2350	Suite, Apt. #, etc. 27 SUITE 2350
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33602 25 USA	Zip / Country 29 33602 30 USA

4. FEI Number: 59-3226237 ☐ 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

MORGAN, CYRIL C JR.
1000 N. ASHLEY DRIVE
STE. 620
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 201 N. FRANKLIN ST.
83: SUITE 2350
84 City: TAMPA FL 85 Zip Code: 33602

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: Cyril C. Morgan Jr. PRESIDENT — DATE: 3/6/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE: PRESIDENT ☐ Change ☒ Addition 12 NAME: CYRIL C. MORGAN, JR. 13 STREET ADDRESS: 201 N. FRANKLIN ST, SUITE 2350 14 CITY-ST-ZIP: TAMPA, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 added on an attachment with an asterisk.

SIGNATURE: Cyril C. Morgan — CYRIL C. MORGAN, JR. 3/6/95 (813) 276-0896
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0260269 CR