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

APPROVED AND FILED
96 JAN 23 AM 10: 12
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # P94000018815 (8)

1. Corporation Name
ANDROCLES, INC.

Principal Place of Business
2706 ALT. 19 N., SUITE 109
PALM HARBOR FL 34683

Mailing Address
2706 ALT. 19 N., SUITE 109
PALM HARBOR FL 34683

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21 2708 ALT 19 N
22 Suite, Apt. #, etc. 601
23 City & State: PALM HARBOR, FL
24 Zip: 34684 25 Country: Pinellas

2a. Mailing Address
26 2708 ALT 19 N
27 Suite, Apt. #, etc. 601
28 City & State: Palm HARBOR, FL
29 Zip: 34684 30 Country: Pinellas

4. FEI Number: 59-3224601 ☐ 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
HAFT, ALAN S
2706 ALT. 19 N., SUITE 109
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name: ALAN SCOTT HAFT
82 Street Address (P.O. Box Number is Not Acceptable): 2708 ALT 19 N
83 ST 601
84 City: Palm HARBOR, FL 85 Zip Code: 34684

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] ALAN SCOTT HAFT DATE: 1/17/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	HAFT, MARTIN L	
STREET ADDRESS	2706 ALT. 19 N., SUITE 109	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☒ DELETE
NAME	HALL, WENDI L	
STREET ADDRESS	2706 ALT. 19 N., SUITE 109	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V/S/D	☐ DELETE
NAME	GAIL HAFT	
STREET ADDRESS	2708 ALT 19 N #601	
CITY-ST-ZIP	Palm HARBOR, FL 34683	
TITLE	V/D	☐ DELETE
NAME	MARTIN HAFT	
STREET ADDRESS	2708 ALT 19 N #601	
CITY-ST-ZIP	Palm HARBOR, FL 34683	
TITLE	P/D	☐ DELETE
NAME	ALAN HAFT	
STREET ADDRESS	2708 ALT 19 N #601	
CITY-ST-ZIP	PALM HARBOR FL, 34683	
TITLE	V/D	☐ DELETE
NAME	ROBERT SHANK	
STREET ADDRESS	2708 ALT 19 N #601	
CITY-ST-ZIP	Palm HARBOR, FL 34683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature], President ALAN SCOTT HAFT — Date: 1/29/96 — Daytime Phone #: (813) 781 8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)