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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000018815 (8)

1. Corporation Name
ANDROCLES, INC.



Principal Place of Business

Mailing Address

2708 ALT 19 N
STE 601
PALM HARBOR FL 34684

2708 ALT 19 N
STE 601
PALM HARBOR FL 34683-2644

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HAFT, ALAN SCOTT
2708 ALT 19 N
STE 601
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

01/23/1996

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

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

TITLE VSD
NAME HAFT, GAIL
STREET ADDRESS 2708 ALT 19 N #601
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE VD
NAME HAFT, MARTIN
STREET ADDRESS 2708 ALT 19 N #601
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE PD
NAME HAFT, ALAN
STREET ADDRESS 2708 ALT 19 N #601
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE VD
NAME SHANK, ROBERT
STREET ADDRESS 2708 ALT 19 N #601
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME SHANK, JUDITH
1.3 STREET ADDRESS 2708 ALT 19 N #601
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 813/7818701

CR2E034 (9/96)