FILE NOW: FILING FEE AFTER MAY 1 19[illegible] $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000047729

1. Corporation Name
WILLIAM JAMES DECHARD, INC.

Principal Place of Business
1519 NW 8TH STREET
BOCA RATON, FL 33486

Mailing Address
p.o. box 3758
BOCA RATON, FL 33427

3. Date Incorporated or Qualified: 6/22/94
3a. Date of Last Report: 8/95

4. FEI Number: 65-0492930 — ☐ 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 XX No

2. Principal Place of Business
21 1519 NW 8TH ST
22 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL 33486
24 Zip: 33486
25 Country: PALM BEACH

2a. Mailing Address
26 P.O. BOX 3758
27 Suite, Apt. #, etc.
28 City & State: BOCA RATON, FL 33247
29 Zip: 33427
30 Country: PALM BEACH

9. Name and Address of Current Registered Agent

WILLIAM J DECHARD
1519 NW 8th ST
BOCA RATON, FL 33486

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: *William J DeChard* *[signature]* — DATE: 8/5/96

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

12. OFFICERS AND DIRECTORS

TITLE / NAME	~~WILLIAM J DECHARD~~ XXXXXXXXXXXXX	☐ DELETE
STREET ADDRESS	~~1519 NW 8TH ST~~ XXXXXXXXXXXXX	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	PRESIDENT	☐ DELETE
NAME	WILLIAM J DeCHARD	
STREET ADDRESS	1519 NW 8TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1519 NW 8th ST	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
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		

700001931457
-08/26/96--01010--007
***233.75

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]* *William J DeChard* — *8/8/96* — *407-393-3266*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)