FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049305 (3)

1. Corporate Name
LOPSIDER, INC.

Principal Office Address
23209 BOCA CLUB COLONY CR.
BOCA RATON FL 33433

Mailing Address
23209 BOCA CLUB COLONY CR.
BOCA RATON FL 33433

2. Florida Street Address
21 Suite/Apt. No. 22 City 23 State 24 Zip 25

26. Mailing Address
26 Suite/Apt. No. 27 City 28 State 29 Zip 30

FOR OFFICE USE ONLY

3. Date Incorporated: 07/01/1994

3a. Date Last Report: NA

4. FEI Number: 65-0526634 — 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

9. Does the corporation qualify for the reduced fee under Florida Statutes? [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

01 Name: RALPH J NORCIO
02 Street Address (P.O. Box Number is Not Acceptable): 23209 BOCA CLUB COLONY CIRCLE
03
04 City: BOCA RATON FL 05 Zip Code: 33433

11. Pursuant to the provisions of Section 607.0505 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. The corporation is duly organized under the laws of the State of Florida and the name of the registered agent and the address of the registered office identical to those set forth in section 607.0501 Florida Statutes.

SIGNATURE: RALPH J NORCIO — 4/21/95

12. Officers and Directors

TITLE	D
NAME	NORCIO, RALPH
STREET ADDRESS	23209 BOCA CLUB COLONY CR.
CITY, STATE, ZIP	BOCA RATON FL 33433
TITLE	D
NAME	NORCIO, SHEILA
STREET ADDRESS	23209 BOCA CLUB COLONY CR.
CITY, STATE, ZIP	BOCA RATON FL 33433

13. Additions, Changes, Terminations and Name Changes

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. Effective upon the filing of this document with the Department of State, Tallahassee, Florida, or on the date specified herein, the undersigned, being the President, Secretary, Treasurer, or other officer or director of the corporation, or the manager or managing member of the limited liability company, hereby certifies that the information indicated on this report or supplemental report is true and accurate and that his/her signature shall have the same legal effect as if made under oath; that he/she is familiar with the provisions of Chapter 607, Florida Statutes, and that he/she is aware of the penalties provided for filing false reports.

SIGNATURE: RALPH J NORCIO — 4/21/95 — 407 362 8473
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0281003 CP