FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400065074 (4)

ROAD AMERICA EMERGENCY ACCESS, INC.

Principal Plac	ce of Business	Mailing Address	Mailing Address			† Ubasinda ina idilii biari dasii dalii dasi: dalia diibi disii dalii dali didi disi		
100 EXECUTIVE WAY SUITE 110 PONTE VEDRA BEACH FL 32082		100 EXECUTIVE WAY SUITE 110 PONTE VEDRA BEACH FL 32082-2786						
						3. Date Incorporated or Qualified		
2. Principat Prace of Business 21 Suite, Apt #, etc. 22		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
		26 Suite, Apt #, etc.				59-3268513 Not Applic		
						5. Certificate of Status Desired		
City & Sta	ate:	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
 Ζφ	Country	Zip	Cou	intry	,	8. This corporation has liability for intangible tax under s. 199.03:		
24	25	29	30			Florida Statutes XX Yes No		
	g. Name and Address of Cu	rent Registered Agent			10. Name and Address of New Registered Agent			
KAY, THOMAS N				81	Name			
	EXECUTIVE WAY, SUITE 110	0			Street Addr	ress (P.O. Box Number is Not Acceptable)		
	NTE VEDRA BEACH FL 32082			82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			1					
				84	City	FL 85 Zip Code		
office or	registered agent, or both, in the \$	7.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of, Section 607.0505, F	authorize	d by	the corporal	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as register		
SIGNATURE								
	Sequence by early proved more of register			d Age	ent signature requir	red when reinstating) DATE		
12.	OFFICERS	S AND DIRECTORS Delete	13.		 _	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
Tilit	KAY, THOMAS N	OECETE		.1 TITLE .2 NAME		Li Change Li Au		
NAME	ASS PURCHER HILLY CHE	TE 140						
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NAME			22 N					
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Chy-St 70					ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
111.F		☐ DELETE	3.1 (1)			Change L. Ad		
NAMI	1		3.2 N	AME	I			

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 cert fy that the information indicated on this armual 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 changed, or on as attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City-St-Zip

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS.

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Inomasiana Kayor Presidenta

April 14, 1997

(904)-285-5757

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FILED

Apr 22 1997 8:00am

Secretary of State

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