

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:47

DOCUMENT # P94000088197 (6)

1. Corporation Name

EVERGREEN INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>12/05/1994                                                                                                             | 3a. Date of Last Report        |
| 4. FEI Number<br>59-3287793                                                                                                                                 | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO |                                |

|                                                                                            |                                    |                                                                                 |                                |
|--------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|--------------------------------|
| Principal Place of Business<br>2451 MCMULLEN BOOTH RD.<br>SUITE 200<br>CLEARWATER FL 34619 |                                    | Mailing Address<br>2451 MCMULLEN BOOTH RD.<br>SUITE 200<br>CLEARWATER FL 34619  |                                |
| 2. Principal Place of Business<br>21                                                       | 2a. Mailing Address<br>25          | 4. FEI Number<br>59-3287793                                                     | Applied For<br>Not Applicable  |
| 22 Suite Apt. #, etc.<br>Suite 252                                                         | 27 Suite Apt. #, etc.<br>Suite 252 | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required |
| 23 City & State                                                                            | 28 City & State                    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24 Zip                                                                                     | 25 Country                         | 29 Zip                                                                          | 30 Country                     |

9. Name and Address of Current Registered Agent

NOEL, JERRY  
2451 MCMULLEN BOOTH RD.  
SUITE 200  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite 252  
84 City  
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: Jerry Noel, President DATE: 7/10/95

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>D                 | NOEL, JERRY                        | 11 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2451 MCMULLEN BOOTH RD., SUITE 200 | 12 NAME                                               |                                                                              |
| STREET ADDRESS             | CLEARWATER FL 34619                | 13 STREET ADDRESS                                     | Suite 252                                                                    |
| CITY, ST, ZIP              |                                    | 14 CITY, ST, ZIP                                      |                                                                              |
| TITLE                      | Director                           | 21 TITLE                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Ernesto P. Gonzalez                | 22 NAME                                               |                                                                              |
| STREET ADDRESS             | 3132 Old Post Rd.                  | 23 STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              | Baltimore, MD 21208                | 24 CITY, ST, ZIP                                      |                                                                              |
| TITLE                      |                                    | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 32 NAME                                               |                                                                              |
| STREET ADDRESS             |                                    | 33 STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              |                                    | 34 CITY, ST, ZIP                                      |                                                                              |
| TITLE                      |                                    | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 42 NAME                                               |                                                                              |
| STREET ADDRESS             |                                    | 43 STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              |                                    | 44 CITY, ST, ZIP                                      |                                                                              |
| TITLE                      |                                    | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 52 NAME                                               |                                                                              |
| STREET ADDRESS             |                                    | 53 STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              |                                    | 54 CITY, ST, ZIP                                      |                                                                              |
| TITLE                      |                                    | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 62 NAME                                               |                                                                              |
| STREET ADDRESS             |                                    | 63 STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              |                                    | 64 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 110.07(3)(b), 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: Jerry Noel DATE: 7/10/95 (813) 791-7292

CR2E034 (3/95)