FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000002114 DOCUMENT # 1. Corporation Name The Choreutics, Inc. Principal Place of Business Mailing Address 202 East First Street 202 East First St Suite L Suite L Sanford, Florida 32771 Sanford, Florida 3. Date incorporated or Qualified 3a. Date of Last Report 32771 1-10-1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3295097 Not Applicable Suite. Apt # etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Cheryl Garner Dianna L. West 82 2609 S. Sanford Avenue Skeet Address (PO Box Number is Not Acceptable) Sanford, Florida 32773 Suite L City Sanford 84 85 32771 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 💥 (NOTE Registered Agent signature registed when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTALE DELETE President 1 1 717 1 6 [_] Change ___ Addition NAME Melissa Hardin 1.2 NAME E034 STREET ADDRESS 34009, Palm Way L3 STREET ADDRESS anford CITY ST. ZIP +lorida 1.4 O(1Y - ST - 7)P TITLE DELETE reasurer 2 1 TIFLE Change ___ Add-tion NAME Sandra Foster IO2 W. Woodland Dr. 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP Sonford Llorida 2 4 CHTY - ST - ZIP TITLE DELETE Secretary 3 1 TITLE Change Addition NAME Debra Hess 1495 Heeling Drive STREET ADDRESS 3.3 STREET ADDRESS Deltona F1 3273 Artistic Director CITY-ST-ZIP 3.4 CITY - ST - ZIP THILE DELETE 4 1 TITLE 400001778144 Pange -04/12/96--01030 -013 ___ Addit on NAME heryl Garner 4.2 NAME STREET ADDRESS 202 East Firstreet Suite L 4.3 STREET ADDRESS ***200.00 CITY - ST - ZIP , Llorida oantord 4.4 CITY \$1-21P TITLE DELETE 5 1 HILE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY ST-ZIP 5.4 CITY - ST - ZIP TIFLE DELETE 6 1 TiTLE Change ___ Addit-on NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 supplementa' 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 13 if changed, or on an attachment with an address

3-24-96 (407)322-1711

SIGNATURE: \(