FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # Corporation Name Flea Morket, Clearwater Mailing Address Principal Place of Business scol Donwoody Place 1140 Hammond Or Suite 406 5017c C-3200 MILANIA GA 30350 3. Date Incorporated or Qualified 3a. Date of Last Report (71/00/10 CV 30338 2~*23~9*5 2a. Mailing Address Applied For 2. Principal Place of Business 58-31588 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No Country Country Zφ 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 82 1200 South Pine Island Rd. Plantation, FL 83 3235M Zip Code 85 84 City 11. Pursuant to the provisions of Section's 607.0502 and 697.1508. 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 677.0505, Florida Statutes. JENNIFER F AULTMAN SIGNATURE NOTE REGISTRANS ASSISTANT MEDITORS CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typicd or printed name of his ID DIRECTORS 12. Change Addition DELETE 1.1 TOLE TITLE CR2E034 Ayrox, Rod 1.2 NAME NAME Place, Suite 406 8601 Danwoo 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - \$1 - ZIP N21001 CITY-ST-ZIP Change Addition DELETE 2 1 THLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-S1-7IP Addition T Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-7IP DITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 000001804280 4.3 STREET ADDRESS STREET ADDRESS -05/02/96--01012--048 4.4 CiTY - ST - ZiP CITY-ST-ZiF ***200.00 [] DELETE 5 1 TITLE HILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - ZIP DELETE: 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 eath, 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 18 if changed or on an attachment with an address. 6.4 CHTY - \$1 - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: