FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000029143 (1)**

1. Corporation Name

DASANKOP, REDHEAD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3030 NORTH ROCKY POINT DRIVE WEST STE 460 TAMPA FL 33607	3030 NORTH ROCKY POINT DRIVE WEST STE 460 TAMPA FL 33607

3. Date Incorporated or Qualified: 04/10/1995

3a. Date of Last Report: N/A

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: APPLIED FOR ☑ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATEL, SANPIP I
122 SOUTH HOWARD AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: SANDIP I. PATEL

82 Street Address (P.O. Box Number is Not Acceptable): 18167 US 19 NORTH

83: SUITE 150

84 City: CLEARWATER, 85 FL, Zip Code: 34624

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sanjo I. Patel — SANDIP I. PATEL — DATE: 4/8/96

Signature, Typed or Printed Name of Individual Signing Pursuant to Chapter 607 — (Note: Registered Agent's Signature Required for Reinstatement Filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DASANKOP, FAZAL		1.2 NAME	
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE WEST SUITE #460		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REDHEAD, MICHAEL C		2.2 NAME	
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE WEST SUITE#460		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	600001844866
STREET ADDRESS			5.3 STREET ADDRESS	-05/30/96--01077--034
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/1 32

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)(i), 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, added or deleted.

SIGNATURE: Fazal Dasankop — President — 4/9/96 — (813) 962-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)