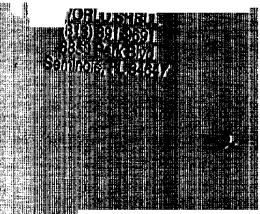
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 #APPROVED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Myrthani ANNUAL REPORT Secretary of State 97 FEB 26 PM 3: 20 DIVISION OF CORPORATIONS 199681997 SECRETARY OF STATE DOCUMENT # / TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report Applied For 8850 Not Applicable 21 Suite, Apt. #, etc. 75 Additional 5. Certificate of Status Desired ee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Street Address (F 82 63 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 12. DELETE 11 TITLE 0000002100246 DELE 12 NAME CR2E034 1.4.4 -02/27/97--01082--003 13 STREET ADDRESS STREET ADDRESS ****365.00 ****365.00 1 4 CITY - ST - ZIP DITY - ST. 7(P Change Addition DELETE 21 TITLE 701.6 2.2 NAME HAM 2.3 STREET ADDRESS SPREED ADDRESS 2 4 CITY-ST-ZIP CHY-\$1, 76 DELETE Addition 31 TITLE THE 3.2 NAME NAM 3.3 STREET ADORESS STREET ALORESS OHY ST ZIP 3 4 CITY-ST-ZIP DELFTE 4 1 TITLE Addit-on THE 4 2 NAME NAME 4.3 STREET ADDRESS STREET Dissolution removed, note 44 CITY-ST-ZIP £.TY DELETE 7616 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHIY-ST-209 DELETE Change Addition THEF 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ACHIRESIS 6.4 CITY - ST - ZIP CITY S1.79 14. If 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 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 that it am an officer or clirector 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

SIGNATURE:

P 7- 23-97(813)3919691



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