

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 # P95000051400 (6)

1. Corporation Name
EXAMS, INC.



Principal Place of Business: 320 2ND STREET DAYTONA BEACH FL 32125-0783
Mailing Address: 320 2ND STREET P.O. BOX 250783 DAYTONA BEACH FL 32125-0783

3. Date Incorporated or Qualified: 07/01/1995
3a. Date of Last Report: 1st one
4. FEI Number: 59-3326253
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 250783
Suite Apt. #, etc.: 22
City & State: 23 DAYTONA Beach, FL
Zip: 24 Country: 25
City & State: 27
City & State: 28 DAYTONA Beach, FL
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**KOELKER, DONALD R
320 2ND STREET
DAYTONA BEACH FL 32125-0783**

10. Name and Address of New Registered Agent
81 Name: DONALD R. KOELKER
82 Street Address (P.O. Box Number is Not Acceptable): 320 2nd St
83
84 City: Holly Hill FL 85 Zip Code: 32117

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: DONALD R. KOELKER
Signature of Registered Agent: Donald R. Koelker
Date: July 1, 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	KOELKER, DONALD R	1.2 NAME	DONALD R. KOELKER
STREET ADDRESS	POST OFFICE BOX 783 N/A	1.3 STREET ADDRESS	P.O. Box 250783
CITY-ST-ZIP	DAYTONA BEACH FL 32125-0783	1.4 CITY-ST-ZIP	DAYTONA Beach, FL 32125-0783
TITLE		2.1 TITLE	Secretary
NAME		2.2 NAME	EDNA S. KOELKER
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 250783
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAYTONA Beach, FL 32125-0783
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 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: Donald R. Koelker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald R. Koelker
Date: July 1-96
904-238-4407

CR2E034 (12/95)