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 # 1. Corporation Name

P95000072483 (7)

AEGIS GROUP, INC.

·	
Principal Place of	Business

Mailing Address



ATLANTIC BE	ACH FL 32233	ATLANTIC BEACH FL 32233				
					3. Date incorporated or Qualified 09/18/1995	3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Address 26			4. FE Number APPLIED FO	Applied For Not Applicable
Suite, Apt. #, (elo.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	/ /	This corporation has liability for Florida Statutes Yes	
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Agent
			81	Name		
ROBERTS, CHAD 1945 SEVILLA BLVD. W. 82 Street A			ddress (P.O. Box Number is Not Acceptab	le)		
ATLANTI	C BEACH FL 32233		83			
			84	,		FL 85 Zip Code
or registered	he provisions of Sections 607.050 agent, or both, in the State of Flo and accept the obligations of, Sec	ida. Such change was authorg	zea by the con	named cor ocration's t	rporation submits this statement for the pur poard of directors. I hereby accept the app	pose of changing its registered office bintment as registered agent. I am
Skj	nature, typind or printed name of registered age			nt signature red	gulied when reinstating)	DATE
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
THILE		☐ DELETE	1. 1 TITLE		P/T/3/P	Change Addition
STREET ADDRESS			1.2 NAME 1.3 STREE	ADDRESS	CHAD ROBERT	BLUD W.
CITY-\$1-ZiF	· · · · · · · · · · · · · · · · · · ·	F) butt	14 CHY-	37 - ZIP	ATLANTIC BEN	H FL 32233
TITLE		DELETE	2 1 TIYLE 22 NAME			Change Addition
STREET ADDRESS			23 STREE	ADDRESS		
CITY-ST-ZIP			2.4 CiTY-1	1	i	
TiTLE		☐ DELETE	3 1 71716			Change Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3. STREE	ADDRESS	•	
CITY-ST-ZIP		FT on ore	3.4 CITY - S	1 - 7IP		
TITLE NAME		DELETE	4. 1 HTLE			Change Addition
STREET ADDRESS			4.2 NAME	,		
CITY-S1-ZIP			4.3 STREET	- K - L	e 14	i
TILE		[7 DELETE	4.4 CITY-S 5-1 TIBLE		90000103 -05/22/96010 ***200.00	Change Addition
NAME		<u></u>	5.2 NAME	. 1	-05/22/96010	37026
STREET ADDRESS			5.3 STREET		***290.00	
CHTY-ST-ZIP			5.4 City-5			
TITLE		DELETE	6. 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		÷.	6.3 STREET	ADORESS	·	
CITY-S1-ZIP	***************************************		6.4 CHY-5	T- Z IP	***	C-1-96 000
14. Loo hereby o	ertify that the information supplied	with this firing is voluntarily furn	nished and obe	s not qualit	y for the exemption stated in Section 119.0	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 certify that I am an officer or director of the exporation 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 B

SIGNATURE:

CHAD ROBERTS