SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # P95000081261 (6)

1. Corporation Name

LAZY EIGHT, INC.

Principal Place of Business	Mailing Address
6950 CENRAL AVENUE SUITE 160 ST. PETERSBURG FL 33707	6950 CENRAL AVENUE SUITE 160 ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2122 Park St. N.	26 2122 Park St. N.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33710 Country 25	Zip 29 33710 Country 30

4. FEI Number: 59-3335614 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [XX] — $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 [XX] No

9. Name and Address of Current Registered Agent

CARD, ALLYCE M
6950 CENTRAL AVENUE
SUITE 160
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name: Robert W. Card
82 Street Address (P.O. Box Number is Not Acceptable): 2122 Park St. N.
83
84 City: St. Petersburg FL
85 Zip Code: 33710

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 [signature] Robert W. Card — July 31, 1996
Signature, typed or printed name of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [XX] DELETE	1.1 TITLE	P,S,D [ ] Change [XX] Addition
NAME	CARD, ALLYCE M	1.2 NAME	Robert W. Card
STREET ADDRESS	6950 CENTRAL AVENUE SUITE 160	1.3 STREET ADDRESS	2122 Park St. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert W. Card — 07/31/96 — (813) 345-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #