FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P95000082527 (9) ACTION LEGAL COPY SERVICE, INC. 1 TERREE TA 1800 BAN BEN BON BEN EINE BEN 1800 BAN BAN BAN BEN Principal Place of Business Mailing Address 200 EAST COLLEGE AVENUE 200 EAST COLLEGE AVENUE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1520 3a. Date of Last Report 3. Date Incorporated or Qualified 10/27/1995 05/01/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 59-3340246 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Mame MEYER, DANIEL R 200 EAST COLLEGE AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 R4 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 100 PSD 11111F NAME MILLICAN, DAVID T 1.2 NAME 200 EAST COLLEGE AVENUE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32301 14 CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE TILLE VTD MEYER, DANIEL R 2.2 NAME NAME 200 EAST COLLEGE AVENUE 2.3 STREET ADDRESS STREET ADORESS TALLAHASSEE FL 32301 2.4 CITY - ST - ZIP DELETE Change Addition 11), £ 3.1 TITLE NRM: 3.2 NAME 3.3 STREET ADDRESS STECLLADURESS 3.4. CITY - ST - ZIP CHY-\$1 - 7 DELETE Change Addition TITLE 41 TITLE NAM: 4.2 NAME STEEL LADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CAY-\$1-7 P DELFTE Change Addition 51 TITLE Int: E MM: 5.2 NAME STEEL ACCURESS 5.3 STREET ADDRESS CHY-ST-ZIE 5.4 CITY - S1 - ZIP DELETE 6.1 TITLE Change Addition 160 6.2 NAME MAM: 6.3 STREET ADDRESS STREET ACDRESS 6.4 CITY-ST-ZIP CITY-ST 76

14. I 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 eath; 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

SIGNATURE:

FILED

Apr 10 1997 8:00am