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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CHTY - ST- ZIP

SIGNATURE:

DOCUMENT # P95000083509 (6)

DARIN & ASSOCIATES, P.A. Principal Place of Business Mailing Address % 1101 NORTH LAKE DESTINY RD., SUITE 130 % 1101 NORTH LAKE DESTINY RD., SUITE 130 MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1995 03/21/1996 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 59-3030188 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip Country This corporation has liability for intangible tax under s. 199.032, 30 Yes No 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DARIN, JOHN R II 1101 NORTH LAKE DESTINY RD., SUITE 130 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 63 City 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 Signature, typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition HILE 1.1 TITLE DARIN, JOHN R II 1.2 NAME CRZE034 MAME 1101 NORTH LAKE DESTINY RD., #130 1.3 STREET ADDRESS STREET ADORESS MAITLAND FL 32751 1.4 CITY - ST - ZIP COY-ST-2F Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CHY+S1-ZIP DELETE Change Addition 3.1 TITLE THE NAME 32 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAVE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - 7/P CITY-ST-7P DELETE 6.1 TITLE Change Addition THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this twig goes 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 supplier and 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 corporation or the corporation or the corporation or the corporation of the corporation of the corporation or the May 12, 1997 (407)6660100

FILED

May 23 1997 8:00am

Secretary of State