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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 28 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095144 (8)

COCHRAN INTERNATIONAL GROUP, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 033228 242 FIFTH AVENUE INDIALANTIC FL 32903-0228 INDIALANTIC FL 32903-0228 3a. Date of Last Report 05/01/1996 Date Incorporated or Qualified 12/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3355537 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip 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 10. Name and Address of New Registered Agent 81 Name COCHRAN, ROBERT L 242 FIFTH AVENUE Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903-0228 В3 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 typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE COCHRAN, ROBERT SR. NAME 1.2 NAME 207 RIVERSIDE DR. 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL 32951 1.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition TITLE 21 TITLE COCHRAN, ROBERT L 22 NAME 230 MELBOURNE AVE. STREET ADDRESS 23 STREET ADDRESS INDIATLANTIC FL 32903 CITY-ST-ZIP 2.4 CiTY+ST-ZIP DELETE Change Addition 31 TITLE TITLE COCHRAN, EVA MAE NAME 3.2 NAME 207 RIVERSIDE DR. 3.3 STREET ADDRESS STREET ADORESS MELBOURNE BEACH FL \$2951 3.4. CITY - ST - ZIP CITY - \$1 - 21P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City - S* - 2IP DELETE Change Addition 5.1 TIFLE THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS COTY+ST-7IP 5.4 CHY-ST-ZIP DELETE Addition Change TITLE 6.1 T/TLE 6.2 NAME

6.3 STREET ADDRESS

6.4 City-ST-ZIP

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 elecute this report as required by Chapter 607, Florida Statutes; and that my name

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