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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000008461 (1)

1. Corporation Name
ACHERNAR, INC.

Principal Place of Business	Mailing Address
2979 ATLANTIC ST., UNIT 231 MELBOURNE BEACH FL 32951	2979 ATLANTIC ST., UNIT 231 MELBOURNE BEACH FL 32951-2844

3. Date Incorporated or Qualified: 01/26/1996
3a. Date of Last Report: 1/26/96

	2. Principal Place of Business	2a. Mailing Address
	21	26
Suite, Apt. #, etc.	22 109 SECOND STREET	27 109 SECOND STREET
City & State	23 BELLEAIR BEACH, FL	28 BELLEAIR BEACH, FL
Zip / Country	24 33786 / 25 PINELLAS	29 33786 / 30 PINELLAS

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — **$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 ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, NONA G 2979 ATLANTIC ST., UNIT 231 MELBOURNE BEACH FL 32951	81 Name: NONA GRANT SMITH 82 Street Address (P.O. Box Number is Not Acceptable): 109 SECOND STREET 83 BELLEAIR BEACH, FL 33786 84 City: FL — 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: [signature] NONA GRANT SMITH, PRES. 4-25-97
Signature, typed or printed name of 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	DPST	☐ DELETE	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	SMITH, NONA G		1.2 NAME	SMITH, NONA GRANT	
STREET ADDRESS	2979 ATLANTIC ST., UNIT 231		1.3 STREET ADDRESS	109 SECOND STREET	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
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 (9/96)

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

SIGNATURE: [signature] NONA GRANT SMITH PRES. 8/13-4-25-97