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

. - PROFIT ELORIDA DEPARTMENT DE STATE States | South City CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 FEB -6 AM 10: 52 DOCUMENT # P96000019133 (3) SECRETARY OF STATE TALLAHASSEE FLORIDA N. 2. U., INC. Principal Place of Business Mailing Address 3899 ULMERTON, SUITE D 3899 ULMERTON, SUITE D CLEARWATER FL 34620 CLEARWATER FL 34622-4270 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1996 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2203 S. ORANGE BLOSSOM TR. 26 2203 S. ORANGE BLOSS ON TRAIL 59-3364690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ORLANDO, FL. 32805 City & State \$5.00 May Be 6. Election Campaign Financing FLORIDA ORLANDO, FLORIDA 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, ORANGE ORANGE 25 TYes THO Florida Statutes 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ROZANSKI, WALT 13313 KEARNEY DR 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33626 83 84 City Zip Code 85 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 familie sym, and accept the obligations of, Section 607.0505, Florida Statutes. KOZANSKI SIGNATURE ed agent and life if applic Signal ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change ____ Addition TITLE 1.1 THILE **DUNBAR, DEANNA D** ROZANSKI, WALT P. 2203 S. ORANGE BLOSSOM TRAIL NAME 1.2 NAME 3899 ULMERTON, SUITE D STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34620** ORLANDO, FL 32805 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE 3170TLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 DILE TITLE NAME 52 NAME 5.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 35 if changed, or on in attachment with an address.