FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham . ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P9600002756 **DOCUMENT #** Death Investments, INC. III Mailing Address Principal Place of Business 2440 MAYPORT RD. 2440 MAYPORT RD. ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 3a. Date of Last Report 3. Date Incorporated or Qualified 1995 Applied For 4. FEI Number 2a. Mailing Address 2440 May port Pd. 59- 335 2481 2. Principal Place of Business Not Applicable 21 3501 Ponce De Lein \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Surte, Apt. #, etc. #2 \* D 27 \$5.00 May Be Election Campaign Financing City & State
Atlantic Boach City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, St. Augustin + 23 Country Zio Country ZIP 32085 Yes No Florida Statutes 32233 30 29 25 St. Jain 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 2440 MAYPORT RD. 83 ATLANTIC BEACH FL 32233 85 Zip Code City 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 offine 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. (NOTE Projectored Agent signature required when reinstating) of registered egent and the it applicable ADDITIONS CHANGES TO DEFICERS AND EASY JURIS IN 19 OFFICERS AND DIRECTORS 13. Change Addition 12. 1. 1 TITLE DELETE TITLE President / Sec. Gray II. 12 NAME HALLE 13 STREET ADDRESS 2940 May port RA STREET ADDRESS 14 CITY - ST - ZIP Change Addition CITY - ST - ZIP 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - 51 - ZIP Addition CITY - ST - ZIP 3 1 TITLE DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 4 1 TITLE TITLE 42 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 5.1 0016 TITLE 500001826205 -05/17/96--01019--023 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP \*\*\*<del>200.00</del> Change CITY-ST ZIP DELETE 6 I TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 14. To hereb, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it made under certify 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, expin an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR