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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Morthelm ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 AUG 11 PM 1:53 DOCUMENT # P96 0000 2 7598 At Home Professional, Inc. SEURETANT OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address SAML 708 Millifold Place Brandon, Pl. 33510 3a. Date of Last Report 3. Date Incorporated or Qualified 3-22-96 2. Principal Place of Business
21 708 millifold Pl
Suite. Apt. #, etc. Applied For 708 Millifold Pl Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 13 randon 6. Election Campaign Financing \$5.00 May Be Brandon Trust Fund Contribution 23 Added to Fees 33510 Country Country 8. This corporation has liability for intangible tax under s. 199.032, USA Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAME RICKI Sime Street Address (P.O. Box Number is Not Acceptable) 62 708 Millifold Pl. Brandon, FC 335/2 84 City 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 Hunda 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 type of plane in the object of a public dispelicance. (NOTE Begistered Agent signature required when reliestance).

DATE No cha OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. President DELETE 11 TITLE Vice Change Addition TITLE millifold Place MARK 1.2 NAME NAME 708 1.3 STREET ADDRESS STREET ADDRESS FL 33510 1.4 CITY-ST-7(P CITY-ST-ZIP 21 10116 Change Tille 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 700002266737--5 2 4 CHY-ST-ZIP CITY-ST-ZIP 08/14/97-010366-0150000 ****173.75 ****173.75 DELETE TITLE 3.1 THLE 3.2 NAME NAME STREET ADDRASS 3 3 STREET ADDRESS CITY-ST-7 3 4. CITY - ST - 7/P DELFTE Change Addition TITLE 4 1 TITL€ 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP DITETE Change Addition 5.1 DHLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY - S1 - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 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 1 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an anachment with an address. Kicki South 7-22-47 813-681-3996 SIGNATURE: