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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS * 1997 97 JUL . 1 PM 12: 14 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business Baken Conten SAME 201 8th St. South 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 83 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 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, 1 am familiar with, and accept the obligations of, Section 63, 2005. Florida Statutes. 6-18-97 (NOTE Registered Agent signature required when reinstating) e, typed or printed name of registered agent and title if applical NGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TtT) F Peter Schmidt Baker Confor 2018th St. South Baker Confor NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS vaples, Fla 34102 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME Thomas T. Treffis 505 21 st Ave. South NAME 2 3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP Naples, Fla. 3410 CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME 400002231584--E -07/07/97--01133--010 ****165.00_****165.00 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE TITI F 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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. 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. 5-16-97 941-263-084; SIGNATURE