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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 23 1998 8:00am Secretary of State

THE CORIM GROUP, INC. Principal Place of Business Say MIST ADMIS STREET MARKSWALE FL 2200 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Maling Address 1. Date Incorporated or Qualified O4/10/1986 2. Principal Place of Business 3. Date Incorporated or Qualified O4/10/1986 2. Principal Place of Business 3. Date Incorporated or Qualified O4/10/1986 2. Principal Place of Business 3. Date Incorporated or Qualified O4/10/1986 2. Principal Place of Business 3. Date Incorporated or Qualified O4/10/1986 3. State Oak State State Oak State O4/10/1986 3. State Oak State O4/10/1986 3. State Oak State O4/10/1986 3. State Oak Oak State O4/10/1986 3. State Oak Oak State O4/10/1986 3. State Oak Oak State		1998	DIVIS	TON OF CORPOR	AATIONS			
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### OF PRICERS AND DIRECTORS 11 mile		 	-	 	untry			
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent an familiar with, and accept the obligations of Soctions 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent an familiar with, and accept the obligations of Socions 607 0502 and 607 1508, Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent an familiar with, and accept the obligations of Socions 607 0502 and such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent an familiar with a familiar	<u> </u>			[30]	Ι			
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11. Pursuant to the provisions of Socioos 607 6502 and 607 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes. SIGNATURE Signature, hybed or protect name of registered agent and title if approachib TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD WILLINGHAM, BEN H JR 12 NAME STREET ADDRESS OITY 51-27P NAME MCAFEE, T J SURVEY STREET, SUITE 600 JACKSONVILLE FL 32202 DELETE V DELETE S DELET	JA	CKSONVILLE FL 32201-0359			53			
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14. I 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		ertify that the information supplied	with this filing does not	qualify for the ex	emption state	ed in Section 119.07(3)(i), Florida Statutes. I further certionature shall have the same legal effect as if made under	fy that the information	

SIGNATURE:

2/28/98