

May 12 1997 8:00am  
Secretary of State

|   |  |   |  |
|---|--|---|--|
| 3. Date Incorporated or Qualified<br>08/16/1996   |  | 3a. Date of Last Report   |  |
| 4. FEI Number<br>59-3407880   |  | Applied For<br><input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |
| 10. Name and Address of New Registered Agent<br>TYRE, D. CRAIG<br>N. SHELTON RD.<br>TAMPA, FL 33615   |  |   |  |
| The undersigned hereby certifies that the above information is true and correct as of the date hereof.  |  |   |  |
| Signature of Officer/Director: TYRE DATE: 2-8-97  |  |   |  |
| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS PREVIOUS TO FILING THIS REPORT   |  |   |  |
| NAME: TYRE, CRAIG D. POSITION: President #1008 ADDRESS: N. SHELTON RD., TAMPA, FL 33615   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| In Section 199.07(3)(i), Florida Statutes, I further certify that the above information shall have the same legal effect as if made under oath; that it was required by Chapter 607, Florida Statutes; and that my name is printed below. |  |   |  |
| Signature: TYRE DATE: 2-8-97 TELEPHONE: 813-889-0911  |  |   |  |

CR2E034 (9/96)