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

STREET ADDRESS

14. I do hereby certify that the information

appears in Block 12 or Block 13 if

nged, or on an altachm

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 SEP 11 AM 8 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA TAMPA, FL 3a. Date of I 33615 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Žιρ 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 62 09/17/97--01103--014 83 ****165_00 _<u>****165</u> 84 City Sections 607:0502 and 20. 1508: Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607 8505 Florida Statutes. 11. Pursuant to the provision office or registered ag agent. I am familiar w SIGNATURE Signature, typed or printed name of registered agent and title if appetable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 CILETE Addition Change TITLE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 A CUTY - ST - ZIP CITY-S1-ZIP "KES HALON Change Addition TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 53614 3.4 CITY- \$1-7IP CITY-ST, ZIP TITLE MARCY REASURER Change noifit bA NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP I do hereby certify that the information supplied with this filing ches not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual monor of supplemental agriculture 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 visitee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name



September 10, 1997

Florida Department of State Division of Corporations 409 East Gaines Street Tallohassee, FL 32399

. Per my conversations with the Division of Corporations (904) 488-9000, please accept this letter as notification that we did not receive notice to file the annual returns. Had we received them, they would have been filed. We had both a change of address and a death in the company.

To avoid further delay, I have asked a friend for a copy of theirs and have whitedout, copied and completed for each of my corporations as follows:

Choice Electronic Catalogs, Inc. Connectivity Plus, Inc. CyberTech Institute, Inc. Grand Manor, Inc.

I have enclosed checks for each of these companies.

If there are any other forms or other information/documentation that is needed, please call me at (813)886-0004.

Thank You.

Sincerely,

Anne Frost

Af/ms

Encl. Annual Reports - 1997 & checks