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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073292 (0)

ACCESS CAPITAL GROUP, INC. Principal Place of Business Mailing Address **1880 CLEMATIS** 1800 SECOND STREET SARASOTA FL 34239-3811 SUITE 808 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0694713 Not Applicable 21 Suite, Apt. #. etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KING, CLIFFORD M SUITE 855 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET 83 SARASOTA FL 34236 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 Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. 96/6) Change K Addition DELETE 1.1.7ITLE TITLE PRESIDENT/T NAME 1.2 NAME AMANDA E. STIFF STREET ADDRESS 1.3 STREET ADDRESS **1880 CLEMATIS STREET** CITY - ST-ZIP 1.4 CITY-ST-ZIF SARASOTA, FL 3429 DELETE Change Addition TITLE 21 TITLE VICE PRESIDENT /S 22 NAME SUSAN V. WINGFIELD STREET ADDRESS 2.3 STREET ADDRESS 1253 N. PALM AVE. 2 4 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-S1-7-P 64 CHTY-ST-ZIP

14. Ido hereby certify that the information supplied with this filling 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 eath; that I am an officer or orrector 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 chapted by the property or an attachment with an address.

CICNATURE

MUNDON EST & President 1/16/97 (941) 366-773.