SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062245

R. A. HARRIS & COMPANY, INC.

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90013 025 ***558.75

July 9, 1999 (813) 282-8834

(4/94)

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* 5 587347 - 90013 - 25 7 * Mailing Address Principal Place of Business 4830 W. KENNEDY BLVD. 4830 W. KENNEDY BLVD. 695 SUITE-500 695 SUITE -500 TAMPA FL 33609-2562 DO NOT WRITE IN THIS SPACE TAMPA FL 33609-2562--2578 -25783 Date Incorporated or Qualified 07/17/1997 ~ = ~ ~ 4. FEI Number Applied For Principal Place of Business Mailing Address 59-3458142 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. $\bar{\mathbf{x}}$ Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country This corporation owes the current year Country Zip Zíp Yes X No Intangible Personal Property. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRIS, ROLAND A Street Address (P.O. Box Number is Not Acceptable) 82 4830 W. KENNEDY BLVD. SUITE 580 695 83 TAMPA FL 33609-2562 City 85 Zip Code 84 ~2578 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1.1 TITLE PCD TITLE DELETE 1.2 NAME HARRIS, ROLAND A NAME 4830 W. KENNEDY BLVD., STE 695 4830 W. KENNEDY BLVD., STE. 580 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FLORIDA 33609-2578 TAMPA FL 33609-2562 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition 2.1 TITLE TITLE DELETE KOCAREK, PENNY R 2.2 NAME NAME 4830 W. KENNEDY BLVD., STE 695 4830 W. KENNEDY BLVD., STE. 580 2.3 STREET ADDRESS STREET ADDRESS 33609-2578 TAMPA, FLORIDA TAMPA FL 33609-2562 2.4 CITY-ST-ZIP CITY-ST-ZIF 3.1 TITLE Change Addition DELETE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change TITLE DELETE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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 officer or director of the corporation or the receiver or trusted 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.

RolandSAC Harris