SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000083551 (6)

PRODUCT REGULATORY SERVICES, INC.

3731 TIGER POINT BLVD 3731 TIGER POINT BLVD **GULF BREEZE FL 32561 GULF BREEZE FL 32561** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 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 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RHODES, VERNE L 3731 TIGER POINT BLVD Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE ___ Change ___ Addition RHODES, VERNE L NAME 1.2 NAME 37\$1 TIGER POINT BLVD STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE ___] DELETE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3 1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS

14. I 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 director 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. Or on an attachment with an address.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

NONATURE TALE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

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OSD 974 1768

FILED

Jul 28 1998 8:00am

Secretary of State

CR2E034 (5/98)

Product Regulatory Services, Inc. Verne Rhodes 3731 Tiger Point Blvd. Gulf Breeze, FL 32561

Pgd

July 22, 1998

Secretary of State Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32314

RE: Product Regulatory Services, Inc.

Sir or Madam:

Pursuant to a telephone conversation with Ms. Trevor I have enclosed the annual report along with a check in the amount of \$150.00 relative to the above. Ms. Trevor explained that due to the fact that I never received the initial notice that this report was due, your office agrees to waive the late fee of \$400.00. If you have any questions please do not hesitate to call me.

Sincerely,

Verne Rhodes

/enclosures