FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36038 (5)

1. Corporate Name
FLORIDA MEGAFORCE, INC.

Principal Address of Business	Mailing Address
3444 MEMORIAL HWY TAMPA FL 33607 US	% ROBERT. ERGER. B 3444 MEMORIAL HWY TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1991	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 65-0414760	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP 24 / County 25	ZIP 29 / County 30
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERGER, ROBERT B. 3444 MEMORIAL HWY TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign) (Typed or Printed Name of Registered Agent and Title, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DV	1 TITLE	☐ Change ☐ Addition
1 NAME	FEILER, BARTON C.	1 NAME	
1 STREET ADDRESS	2930 BISCAYNE BLVD.	1 STREET ADDRESS	
1 CITY ST ZIP	MIAMI FL	1 CITY ST ZIP	
2 TITLE	DP	2 TITLE	☐ Change ☐ Addition
2 NAME	CHADWICK, JERROLD C.	2 NAME	
2 STREET ADDRESS	610 LOMAX STREET	2 STREET ADDRESS	
2 CITY ST ZIP	JACKSONVILLE FL	2 CITY ST ZIP	
3 TITLE	DV	3 TITLE	☒ Change ☐ Addition
3 NAME	SUNDERLAND, C. MICHAEL	3 NAME	
3 STREET ADDRESS	3838 NORTH 50TH STREET	3 STREET ADDRESS	3444 MEMORIAL HWY.
3 CITY ST ZIP	TAMPA FL	3 CITY ST ZIP	TAMPA FL 33607
4 TITLE	ST	4 TITLE	☒ Change ☐ Addition
4 NAME	ERGER, ROBERT B	4 NAME	
4 STREET ADDRESS	2930 BISCAYNE BLVD	4 STREET ADDRESS	3444 MEMORIAL HWY
4 CITY ST ZIP	MIAMI FL	4 CITY ST ZIP	TAMPA FL 33607
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and 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 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 changed), or on an attachment with an address.

SIGNATURE: Robert B. Erger ROBERT B. ERGER 4/28/95 (813) 282-6900
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Daytime Phone)

0260170 CP