| FILE NOV | V: FILING | FEE | <b>AFTER</b> | MAY 1 | I IS | \$225.00 |
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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| Suite Apt 4, etc.  | 1                                    | 1996   |  |                           | DIVISION OF CORPORATIONS             |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
|--|--------------------------------------|--|--|---------------------------|--------------------------------------|-----------------|------------------|-------------------|------------------|--------------------|-----------------------------------|-------------------------|----------------------------|---------------------|-------------------------|-------------------------|-----------------------------------|-----------|
| Perceiped Proce of Business   Maring Address   Po BOX 1880*   TASINF 1. 30629   TA   | <ol> <li>Corporation I</li> </ol>    | Name   | V02634                                       | 1                         | (6)                                  |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| 2  | 2413 BAYSH<br>NO. 1402<br>TAMPA FL 3 | IORE BLVD.                                   |  | PO BO                     | OX 18103                             |                 |                  | •                 |                  |                    |                                   |                         |                            |                     |                         |                         |                                   | 1         |
| Solito, Apil F, etc.    Solito, Apil F, etc.  | US                                   |  |  |                           |                                      |                 |                  |                   |                  |                    | 3. Date Inc.                      | 27/199                  | or Qualifie                | ed 3                | a. Date o<br>O          | 4/19/1                  | 995<br>995                        |           |
| SUITA APLE #   etc.   Suita Apl. #   etc.   |                                      |  | LOOP RD.                                     |                           |                                      | 9               | 24               | . 14              | -                |                    | 4. FEI Num<br>59                  | -31029                  | 50                         |                     |                         | h                       |                                   | 9         |
| City & State    ARELAND   FL   | Suite, Apt. #,                       |  |  | Suite,                    |                                      |                 |                  |                   |                  |                    | 5. Certificat                     | e of Statu              | ıs Desired                 |                     | ]                       | ,                       |                                   |           |
| Zip  | City & State                         | LAND, F                                      | L  |                           |                                      | ۵               | FL               | •                 |                  |                    |                                   |                         | _                          | , c                 |                         |                         |                                   |           |
| VARBROUGH, ORIN S.   314 S MISSOURI SUITE 310   83   | Zip                                  | Co<br>25                                     | J.5  | Zip<br>29 <b>338</b> 6    | 04-2614                              | L               | Counti           | ry                |                  |                    |                                   |                         | -                          |                     |                         |                         |                                   |           |
| YARBROUGH, ORIN S. 314 S MISSOURI SUITE 310 CLEARWATER FL 34616  44 Oty FL BS Zip Code  44 Oty FL BS Zip Code  45 Oth Projected agent, or both, in the State of Florids. Stat  |                                      | 9. Name and Ad                               | Idress of Current R                          | egistered A               | \gent                                |                 |                  | 27                |                  |                    | 10. Name a                        | nd Addre                | ss of Nev                  | v Regi              | stered A                | gent                    |                                   | $\exists$ |
| 314 S MISSOUR SUITE 310 CLEARWATER FL 34616  83  64 City FL Got FL City FL B5 Zip Code  11. Pursuant to the provisions of Section 507 0502 and 607 1508, Florida Stalutes, the aboven-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors I hereby eccept the appointment as registered agent. I am remain with, and accept the obligations of. Section 107 0500, Florida Stalutes.  SIGNATURE  SIGNATURE  12.   | YARBRO                               | OUGH. ORIN S.                                |  |                           |                                      |                 | 6                |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| CLEARWATER FL 34616  11. Pursuant to the provisions of Sections 607 0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officing familiar with, and accept the obligations of, Section 607 0502, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIR | 314 S A                              | MISSOURI                                     |  |                           |                                      |                 | B                | 2 Str             | eet A            | ddress             | (P.O. Box N                       | umber is                | Not Accep                  | itable)             |                         |                         |                                   |           |
| Big   City   FL   Big   City   Big    |                                      |  |  |                           |                                      |                 | 8:               | 3                 |                  |                    |                                   |                         | <del></del>                |                     |                         |                         |                                   | 一         |
| 1. Pursuant to the provisions of Sections 607 0602 and 607.1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent, or both, in the Statu of Florida. SUch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am registered agent, I am submit and accept the obligations of, Soction 607.0505, Florida Statutes.    SIGNATURE   | CLEARY                               | NATER FL 34610                               | 3  |                           |                                      |                 | 8                | 4 Cit             |                  |                    |                                   |                         |                            |                     |                         | R5 7                    | n Code                            | {         |
| Signature   Sign   |                                      |  |  |                           |                                      |                 |                  |                   | •                |                    |                                   |                         |                            |                     |                         | l                       |                                   |           |
| Signature   Sign   | 11. Pursuant to<br>or registered     | ithe provisions of S<br>diagent, or both, in | ections 607.0502 an<br>the Stale of Florida. | d 607.1508,<br>Such chang | , Florida Statute<br>e was authorize | s, the<br>id by | above<br>the cor | r-name<br>poratio | d corp<br>on's b | poratio<br>xoard o | in submits thi<br>if directors. I | is stateme<br>hereby ac | ent for the<br>ecept the a | purposi<br>appointr | e of chan<br>nent as re | ging its r<br>egistered | registered offic<br>I agent. I am | :е        |
| 12.  |                                      | i, and accept the of                         | oligations of, Section                       | 607.0505, F               | lorida Statutes.                     |                 |                  |                   |                  |                    |                                   | ,                       | •                          | , , ,               |                         | •                       |                                   |           |
| TITLE  | SIGNATURE                            | ignature, typed or printed r                 | ame of registered agent and                  | title if applicable       | (NOI)                                | E: Rogi         | stered Ag        | ent signa         | ture rec         | puired who         | en reinstating)                   |                         |                            |                     | DATE                    |                         |                                   | -         |
| NAME   STREET ADDRESS   SFO CA   |                                      |  | OFFICERS AND D                               |                           |                                      |                 |                  |                   | ·····            |                    | ADDITIO                           | NS/CHAN                 | GES TO C                   | FFICE               |                         |                         |                                   |           |
| 12 NAME   12 NAME   12 NAME   13 STREET ADDRESS   14 CHY-SI-ZIP   17 NAME   14 CHY-SI-ZIP   17 NAME   15 NAME   16 NAME   16 NAME   16 NAME   16 NAME   17 NAME   17 NAME   17 NAME   17 NAME   17 NAME   18   |                                      | LIESITZ, FRE                                 | DERICK A                                     | l                         | DELETE                               |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         | Change                  | Addition                          | ı         |
| SFO CA   | 1                                    |  |  |                           |                                      |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| TITLE  | j                                    |  |  |                           |                                      |                 |                  | _                 | ~                |                    |                                   |                         |                            |                     | -                       | 2115                    | ы                                 |           |
| YARBROUGH, PAUL R.   397 IMPERIAL WAY   23 SIREEL ADDRESS   APT. # 139   |                                      | D  |  |                           | DELETE                               |                 |                  |                   | $\overline{}$    |                    |                                   |                         | · · · · · · ·              |                     | ****                    |                         |                                   | $\dashv$  |
| DALY CITY CA   24 CITY-S1-ZIP  | NAME                                 |  |  | •                         | _                                    |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| DELETE   D   | STREET ADDRESS                       |  |  |                           |                                      |                 | 2.3 STREE        | et a <u>dd</u> ri | SS               | A.                 | PT. 4 1                           | 39                      |                            |                     |                         | _                       |                                   |           |
| WILSON, ALEXANDER S. 1280 SACRAMENTO ST SFO CA 1111LE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADD | CITY-ST-ZIP                          | _  | GA   |                           |                                      |                 |                  |                   | .                | ,                  | •                                 |                         |                            |                     |                         | 940                     | 15                                |           |
| 1280 SACRAMENTO ST   33 STREET ADDRESS   5FO CA   33 STREET ADDRESS   34 CITY-ST-ZIP   5FO CA   5FO    | TITLE                                | -  | CYANDED C                                    | ĺ                         | DELETE                               |                 | 3. 1 TITLE       | E                 |                  |                    |                                   |                         |                            |                     |                         | Change                  | Addition                          |           |
| SFO CA   3.3 STREET ADDRESS   9410-9   Addition  |                                      |  |  | •                         |                                      |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| DELETE   D   |                                      |  | INCITIO OI                                   |                           |                                      | ı               | 3.3 STRE         | ET ADDR           | ESS              |                    |                                   |                         |                            |                     |                         | 0                       |                                   |           |
| NAME   STREET ADDRESS   CHY-S1-ZIP   PACIFIC CA   1.3 STREET ADDRESS   4.4 CHY-S1-ZIP   PACIFIC CA   1.3 STREET ADDRESS   4.4 CHY-S1-ZIP   PACIFIC CA   1.3 STREET ADDRESS   1.   |                                      | _ D  |  |                           | TI DELETE                            |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         | 74                      | ROB                               |           |
| A   STREET ADDRESS   PACIFIC CA   4.4 CITY-SI-ZIP  | i                                    | YANG, GE-F                                   | ANE  | L                         |                                      | - 1             |                  |                   |                  | 1                  | с. <b>С</b> А                     |                         |                            |                     | L                       | - Çirange               | Auditali                          | 1         |
| PACIFIC CA   4.4 CITY-SI-ZIP   9 + 4     TITLE   | 1                                    |  | <b>N</b> R                                   |                           |                                      |                 | -                |                   |                  | G,                 | * * C M                           | NG                      | •                          |                     |                         |                         |                                   | - 1       |
| TITLE         DELETE         5 1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-S1-ZIP         5.4 CITY-S1-ZIP         TITLE         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition  | į.                                   | PACIFIC CA                                   |  |                           |                                      |                 |                  |                   |                  |                    |                                   |                         |                            |                     | -                       | 740                     | 44                                |           |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition   |                                      |  |  |                           | DELETE                               |                 |                  |                   |                  |                    |                                   |                         |                            |                     |                         |                         |                                   | ᅦ         |
| CITY - S1 - ZIP         5.4 CITY - S1 - ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition   | NAME                                 |  |  |                           |                                      | ı               | 5.2 NAME         | E                 |                  |                    |                                   |                         |                            |                     |                         |                         |                                   | -         |
| TITLE         DELETE         6.11IILE         Change         Addition  | STREET ADDRESS                       |  |  |                           |                                      |                 | 5.3 STREE        | ET ADDRI          | ESS              |                    |                                   |                         |                            |                     |                         |                         |                                   | -         |
|  |                                      |  | <b> </b>                                     | <u>_</u>                  |                                      |                 |                  |                   |                  |                    | ·····                             | ····                    |                            |                     |                         |                         |                                   | _         |
|  |                                      |  |  | [                         | J DELETE                             |                 |                  |                   | ,                |                    |                                   |                         |                            |                     |                         | Change                  | Addition                          | Į         |
| NAME 62 NAME   |                                      |  |  |                           |                                      | 1               |                  |                   | _                |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| STREET ADDRESS 6.3 STREET ADDRESS CITY ST. 200   |                                      |  |  |                           |                                      |                 |                  |                   | :55              |                    |                                   |                         |                            |                     |                         |                         |                                   |           |
| CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 10. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further  |                                      | certify that the info                        | mation supplied with                         | this filing is            | voluntarily furnis                   | shed :          | and do           | es not            | l_<br>qualit     | fy for th          | ne exemption                      | stated in               | Section 1                  | 19.07/3             | B)(k), Florid           | da Statut               | tes. I further                    |           |

untarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further invinal report is true and accurate and that my signature shall have the same legal effect as if made under an invinate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name address.

ALEXADERS WILSON

WILSON

Gaing OFFICER OF DIRECTOR

Days 1986

Days 1986 certify that the information indicated on this annual re-oath; that I am an officer or director or the corporation appears in Block 12 or Block 13 if provided, us on an

SIGNATURE: