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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V21070

1. Corporation Name
All American Amputee, Inc.

[redacted]

Principal Place of Business	Mailing Address
400 Lake Markham Rd Sanford, FL 32771	400 Lake Markham Rd Sanford, FL 32771

3. Date Incorporated/Qualified: 3-12-1992
3a. Date of Last Report: 7-15-1996

2. Principal Place of Business	2a. Mailing Address
21 4601 N. Hwy 19A	26 4601 N. Hwy 19A
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Mount Dora, FL	City & State 28 Mount Dora, FL
Zip 24 32757 Country 25 Lake	Zip 29 32757 Country 30 Lake

4. FEI Number: 59-3120196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Randall, Marcum R
400 Lake Markham Rd
Sanford, FL 32771

10. Name and Address of New Registered Agent

81 Name: Randall, Marcum R
82 Street Address (P.O. Box Number is Not Acceptable): 4601 N. Hwy 19A
83
84 City: Mount Dora FL 85 Zip Code: 32757

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: Marcum R. Randall — Marcum R Randall — 4.30.97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Randall, Marcum R.		1.2 NAME	
STREET ADDRESS	400 Lake Markham Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
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	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/6/97

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CR2E034 (9/96)

14. I do hereby certify that the information indicated on this report or supplemental 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: Marcum R. Randall — Marcum R Randall — 4-30-97 — 352-589-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0096293