SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (6) FOCUS GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 7820 S. HOLIDAY DRIVE SARASOTA FL 34231 7820 S. HOLIDAY DRIVE SARASOTA FL 34231



3. Date Incorporated or Qualified 3a. Date of Last Report

Sine, Apt # 6to   Sine, Apt # , etc   Sine, Ap					07/20/1992	05/01/1995
Sure, April etc.    Sure, April etc.   Sure, April		lace of Business	<b>├</b> ─.¬		I	Applied For
Cry & State  Cry &	21				65-0349941	
Cry & State  Country  Zp  Country  End This congretator has slability for intemgrate as variety in 199 032  Forms Statutes  Forms S		<b>,</b>			5. Certificate of Status Desired	•
Section   Sect						
Country   Zip   Scale   Scal					, <del>, , , , , , , , , , , , , , , , , , </del>	
9. Name and Address of Current Registered Agent  10. Name and Address of Current Registered Agent  11. Name and Address of Name and Address of Name Registered Agent  12. Stock Address (PO Box Number is the Address of Name and Address of Name Registered Agent)  13. Pursuant to the provisions of Societies 607.0507 and 607.1506 forms Statuted. The Address of PO Box Number is the Add	23 Zup	Country	<del>-</del>	T Country		
9. Name and Address of Current Registered Agent  VASSALLO, THOMAS M.  4389 WINNERS CIR #1024 SUITE 300 SARASOTA FL 34238  17. Pursuant to the provisions of Socions 697.0502 and 607.1508 Tionas Statutes, the above named corporation submits the stement for the provisions of Socions 697.0502 and 607.1508 Tionas Statutes, the above named corporation submits the stement for the provision of the statute of Finds Statute of Finds Statutes.  17. Pursuant to the provisions of Socions 697.0502 and 607.1508 Tionas Statutes, the above named corporation submits the stement for the provision of the opposition of Socions 697.0502 and 607.1508 Tionas Statutes, the above named corporation submits the stement for the provision of the opposition of the opposi	24	<b>}</b>	<b></b>	·		
VASSALLO, THOMAS M.  4359 WINNERS CIR # 1024 SUITE 300 SARASOTA FL 34238  11. Pursuant to the provisions of Socher's 607 8560 and 027 1505 Florids Stabilities. The above named corporation submits the statement for the purpose of changing is neg served agent law familiar with a control in the State of Florids Stabilities and object of the state of the purpose of changing is neg served agent law familiar with a control in the State of Florids Stabilities and object of the state of the purpose of changing is neg served agent law familiar with a control in the State of Florids Stabilities and object of the state of the purpose of changing is neg served agent law familiar with a control in the State of the purpose of state of the purpose of changing is neg served agent law familiar with a control in the State of the purpose of changing is neg served agent law familiar with a control in the State of the purpose of changing is neg served agent law familiar with a control in the State of the purpose of changing is neg served agent law familiar with a control in the State of the purpose of changing is neg served agent law familiar with a control in the State of the				30		
### ASS9 WINNERS CIR # 1024  SUITE 300  SARASOTA FL 34238  ### ASS9 WINNERS CIR # 1024  ### ASS9 WINNER	1/1/					
SARASOTA FL 34238    Salate 3 colors   Scholars   Salatas   Salata					Thomas M. Vass	callo
SARASOTA FL 34238    Salate 3 cc   Sections 67 C650 and 607 1506 Fished Statutes, the above named corporation submits this statement for the purpose of changing in- ring stored of focus or registered algebil, or folial, in the State of Fished Statutes, the above named corporation submits this statement for the purpose of changing in- ring stored of focus or registered algebil, or folial, in the State of Fished Statutes, the above named corporation is submitted as interestly accept the application of socion 607 6565, Fished Statutes, the above named corporation is submitted of directors. I hereby accept the application of the purpose of changing in- ring stored to focus the purpose of changing in- ring stored to fo				82 Street	Address (P.O. Box Number is Not Accep	table)
Pursuant to the provisions of Scatters, 607 0509 and 602 1508 filans Statutes the dever anned corporation submits this statement for the purpose of changing is registered agent for both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent for both in the State of Florida Statutes.    Post of providing the providing				83	·	Dr.
The Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing as registered office or registered agent, or tech, as the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment are registered agent. I make the state of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment are registered.  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND OFFICERS TO OFFICERS TO OFFICERS AND OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS AND OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICER	SAI	HASUTA FL 34238		Su	rite 300	
Office of registered agent, or from in the State of Fonds Such change was authorized by the corporation's board of directors. Therethy accept the appointment as registered agent are formal accept the objection 607 6565, finend Statuture.    In the company of the state of Fonds Such change was authorized by the corporation's board of directors. Therethy accept the appointment as registered agent to the state of Fonds. Fine Fonds.				84 City	- +-	FI 85 Zw Code 3423
Office of registered agent, or from in the State of Fonds Such change was authorized by the corporation's board of directors. Therethy accept the appointment as registered agent are formal accept the objection 607 6565, finend Statuture.    In the company of the state of Fonds Such change was authorized by the corporation's board of directors. Therethy accept the appointment as registered agent to the state of Fonds. Fine Fonds.	11. Pursuant f	to the provisions of Sections 607.0502	and 607,1508, Florida Stalute	es, the above named	corporation submits this statement for the	a purpose of changion its red stered
SIGNATURE	Office or re	eo stered agent, or bolh, in the State r	M Handa. Such change was a	iuthorized by toe coro	oration's board of directors. Thereby acc	ept the appointment as registered
TILE D			(IOHS OF, 38CHOFF 007.0303, FRC	onda Statules.		11-1-
DELETE   DELETE   THE   DELETE   T	SIGNATURE		randitrie Lapplicable (NOT	E. Registored Agent signature	required when rematabling)	6/17/96
WASSALLO, THOMAS M.  4359 WINNERS CIR #1024  SARASOTA FL  DELETE  DELETE  2 11111  AMME  A	12.	OFFICERS AND				FICERS AND DIRECTORS IN 12
MAME	TITLE	D	DELETE	1 1 TITLE		
MAME	NAME	VASSALLO, THOMAS M.		1.2 NAME	Vassallo, Thomas	
MAME	STREET ADDRESS	4359 WINNERS CIR #1024		1.3 STREET ADDRESS	7870 5 Holid	ay Dr \$360
MAME	CITY - ST - ZIP	SARASOTA FL		1.4 CITY - ST- ZIP	Sarasota, F	2 34731
STREET ADDRESS  DELETE  DELETE  DELETE  AMME  JOHN-ST-ZIP  JACHTY-ST-ZIP  JACHTY-	TITLE		DELETE	2.1 TITLE		Change Addition
2 4 CITY - ST - ZIP  ONLE  ONL	NAME			2.2 NAME		
DELETE STREET ADDRESS  AND DELETE STREET ADDRESS  AS STREET ADDRESS  A	STREET ADDRESS			23 STREET ADDRESS		
STREET ADDRESS STREET	CITY-ST-ZIP			2 4 CITY - ST - ZIP		
STREET ADDRESS  OTY-ST-ZIP  ITTLE  AMME  A CITY-ST-ZIP  ITTLE  AMME  A STREET ADDRESS  OTY-ST-ZIP  ITTLE  A CITY-ST-ZIP  ITTLE  AMME  A CITY-ST-ZIP  ITTLE  A CITY-ST-ZIP  A CITY	THILE		DELFIE	3 1 TITLE		Change Add tion
34 CITY-ST-ZIP  34 CITY-ST-ZIP  34 CITY-ST-ZIP  34 CITY-ST-ZIP  44 CITY-ST-ZIP  34 CITY-ST-ZIP  44 CITY-ST-ZIP  34 CITY-ST-ZIP  44 CITY-ST-ZIP  45 CITY-ST-ZIP  46 CITY-ST-ZIP  46 CITY-ST-ZIP  47 CITY-ST-ZIP  48 CITY-ST-ZIP  49 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  41 CITY-ST-ZIP  42 CITY-ST-ZIP  43 STREET ADDRESS  44 CITY-ST-ZIP  45 CITY-ST-ZIP  46 CITY-ST-ZIP  47 CITY-ST-ZIP  48 CITY-ST-ZIP  48 CITY-ST-ZIP  49 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  41 CITY-ST-ZIP  41 CITY-ST-ZIP  42 CITY-ST-ZIP  43 CITY-ST-ZIP  44 CITY-ST-ZIP  45 CITY-ST-ZIP  46 CITY-ST-ZIP  46 CITY-ST-ZIP  47 CITY-ST-ZIP  48 CITY-ST-ZIP  48 CITY-ST-ZIP  49 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  41 CITY-ST-ZIP  41 CITY-ST-ZIP  42 CITY-ST-ZIP  43 CITY-ST-ZIP  44 CITY-ST-ZIP  44 CITY-ST-ZIP  45 CITY-ST-ZIP  46 CITY-ST-ZIP  47 CITY-ST-ZIP  48 CITY-ST-ZIP  48 CITY-ST-ZIP  49 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  40 CITY-ST-ZIP  41 CITY-ST-ZIP  41 CITY-ST-ZIP  41 CITY-ST-ZIP  42 CITY-ST-ZIP  44 CITY-ST-ZIP  44 CITY-ST-ZIP  45 CITY-ST-ZIP  45 CITY-ST-ZIP  47 CITY-ST-ZIP  48 CITY-ST-ZIP  48 CITY-ST-ZIP  49 CITY-ST-ZIP  49 CITY-ST-ZIP  40 CITY-ST-ZIP  41 CITY-ST-ZIP  42 CITY-ST-ZIP  43 CITY-ST-ZIP  44 CITY-ST-	NAME			3.2 NAME		
DELETE 41 TITLE Change Addition  4 2 NAME  4 2 NAME  4 3 STREFT ADDRESS  DELETE 5 1 TITLE  ADDRESS  ADTY-ST-ZIP  DELETE 5 1 TITLE  ADDRESS  ADDRESS	STREET ADDRESS			3.3 STREET ADDRESS		
AME  A 2 NAME  A 3 STREET ADDRESS  CTY-ST-ZIP  TILE  DELETE  DELETE  DELETE  5 1 TITLE  4 CODO 1 8 7 6 0 3 4  Addition  5 2 NAME  -06/26/9601053012  ***225.00  Change Addition  5 2 NAME  -06/26/9601053012  ***225.00  Change Addition  6 2 NAME  6 3 STREET ADDRESS  AREET ADDRESS  AREET ADDRESS  AREET ADDRESS  AREET ADDRESS  AREET ADDRESS  AREET ADDRESS  A CITY-ST-ZIP  4. To hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 0/3(K)/ Find Statutes 1 for the certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my supplements have long stated as if	CITY - ST - ZiP					
A 3 STREET ADDRESS  ATY-ST-ZIP  ITLE  DELETE  DELETE  5 1 TITLE  ADDRESS  A 4 CHY-ST-ZIP  ADDDO 1876034  Addition  Addition  5 2 NAME  -06/26/9601053012  ***225.00  Addition  Change Addition  Addition  5 2 NAME  -06/26/9601053012  ***225.00  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  6 2 NAME  6 3 STREET ADDRESS  ATY-ST-ZIP  4. To hereby certify that the information supplied with this fining is voluntarity furnished and does not qualify for the exemption stated in Section 119 0/3(K)/Yind Statutes I furly certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my supplemental annual report is true and accurate and that my supplemental annual report is true and accurate and that my supplemental that my supplemental annual report is true and accurate and that my supplemental annual r	TIFLE		DELETE	4.1 1111.E		Change Adortion
Addition    DELETE   STITLE	NAME			4 2 NAME		
THE Change Addition    DELETE   STITLE				4.3 STREET ADDRESS		
SERVEY STAZIP  STATEST ADDRESS STREET ADDRESS STATEST ADDRESS	CłTY - ST - ZIF					
INTE DELETE 61 TITLE Change Iddition.  62 NAME 62 NAME 63 STREET ADDRESS 64 STREET ADDRESS 64 CITY - ST - ZIP  4. I do hereby certify that the information supplied with this fining is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k) 17 kd. Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have lowest as if			[ DELETE		4000018	Change Addition
INTE DELETE 61 TITLE Change Iddition.  62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP  4. I do hereby certify that the information supplied with this fining is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k) Total Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have lowest did not recovered.					-06/26/9601	1053012
INTE DELETE 61 TITLE Change Iddition.  62 NAME 62 NAME 63 STREET ADDRESS 64 STREET ADDRESS 64 CITY - ST - ZIP  4. I do hereby certify that the information supplied with this fining is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k) 17 kd. Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have lowest as if	1				***225.08	
6 2 NAME  INFECT ADDRESS  INTY-ST-ZIP  4. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k) Total Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have to yet as if			- Delete			
6 3 STREET ADDRESS  ATTY-ST-ZIP  4. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3)(ii) for d. 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 to restrict as if	i		[ Offere			Change Addition
4. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k) 70 d. Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my sometime shall have toy safety as if						. ~2)010
4. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k)). To do Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my sometime shall have to year as if						(10)
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 and the analysis of the and the analysis of the analysis		ny codify that the referencies a maked	with the files is usleaded if			
	further cer	rtify that the information indicated on t	his annual report or suppleme	ental annual report is t	rue and accurate and that my signature s	shall have the same west 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 6 7, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	made und	ler path, that I am ao officer or directo	r of the cornoration or the rece	eiver or trustee empoy	vered to execute this report as required t	y Chapter 6 7, Jorida Statutes, and

6/17/96 441-923-8922