SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG -3 AM 9: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V54841 (4)

1. Corporation Name
COLLAGE SYSTEMS, INC.

Principal Place of Business	Mailing Address
1150 LOUISIANA AVE. SUITE 6 WINTER PARK FL 32789	1150 LOUISIANA AVE. SUITE 6 WINTER PARK FL 32789

Eff. Aur. 4/95

2. Principal Place of Business: 21 585 Technology Park	2a. Mailing Address: 26 Same as #2
Suite, Apt. #, etc.: 22 100	Suite, Apt. #, etc.: 27
City & State: 23 Lake Mary, Florida	City & State: 28
Zip: 24 32746 — Country: 25 U.S.A.	Zip: 29 32746 — Country: 30

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3150084 ☐ 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	10. Name and Address of New Registered Agent
WALSH, BRIAN A. 1150 LOUISIANA AVE. SUITE 6 WINTER PARK FL 32789	81 Name: WALSH, BRIAN 82 Street Address (P.O. Box Number is Not Acceptable): EFF AUG 4, 1995 83 585 Technology Park, Suite 100 84 City: Lake Mary FL 85 Zip Code: 32746

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 Brian Walsh [signature] 7-28-95
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 IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WALSH, BRIAN A.	12 NAME	
STREET ADDRESS	1150 LOUISIANA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, THOMAS T.JR.	22 NAME	
STREET ADDRESS	1107 WINTER SPGS.BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. 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 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: BRIAN A. WALSH -President [signature] 7-28-95 407 628-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000062 CP