FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** Corporation Name COLLAGE SYSTEMS, INC. Mailing Address Principal Place of Business 585 TECHNOLOGY PARK 585 TECHNOLOGY PARK 100 100 LAKE MARY FL 32746 LAKE MARY FL 32746 3. Date Incorporated or Qualified 3a. Date of Last Report HS 08/03/1995 07/29/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3150084 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State П Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country Yes X No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WALSH, BRIAN A. Street Address (P.O. Box Number is Not Acceptable) 585 TECHNOLOGY PARK, SUITE 100 83 **LAKE MARY FL 32746** Zip Code 84 City R5 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: (NOTE: Registered Agent signature required whos reinstating) DATE Signature, typied or printed name of registered agent and tids if applicable. (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1. 1 TITLE TITLE CR2E034 WALSH, BRIAN A. 1.2 NAME NAME 1150 LOUISIANA AVE 1.3 STREET ADDRESS 585 Technology Park, Suite 100 STREET ADDRESS WINTER PARK FL Lake Mary, FL 32746 1.4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2. 1 TITLE TITLE MONTGOMERY, THOMAS T.JR. 2.2 NAME 1107 WINTER SPGS.BLVD 2.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 2.4 CITY-\$1-ZIP CITY-ST-ZIP Addition DELETE 3 1 TITLE Change 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition DELETE 5. 1 TITLE TITLE NAME 53 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6. 1 TITLE TITLE 6.2 NAME NAME

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 similar port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 Bloc attachment with an address

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

BRIAN A. WALSH NTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (407) 829-2257