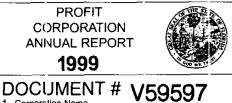
PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90075 022 ***150.00

FANE & ASSOCIATES, INC. Mailing Address Principal Place of Business 12955 CHRT DR 12955 CURT DR. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed <u>08/20/1992</u> 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3144564 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 22 27 City & State \$5.00 May Be City & S ate Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 Name FANE, GARY R. Street Address (P.O. Box Number is Not Acceptable) 82 12955 CURT DR. JACKSONVILLE FL 32223 83 Zip Code 84 City 85 | 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typed or printed nar is of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 13. 12 Addition ☐ DELETE 1.1 TITLE Change PTD TITI F 12 NAME FANE, GARY R. NAME 12955 CURT DR. 13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1,4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE **VSD** 2.1 TITLE FANE, SANDRA LEE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 12955 CURT DR. JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6.4 CITY-ST-ZIP

STREET ADDRESS

CR2E034 (11/98)