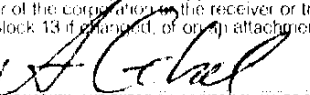


FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Mar 24 1997 8:00am Secretary of State			
DOCUMENT # V63673 (0)							
1. Corporation Name RELEXA, INC.		Principal Place of Business 12670 NEW BRITTANY BLVD STE 101 FORT MYERS FL 33906 US		Mailing Address 12670 NEW BRITTANY BLVD STE 101 FORT MYERS FL 33907-3650 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1992			
21 State, Apt. #, etc.		26 State, Apt. #, etc.		3a. Date of Last Report 05/01/1996			
22 City & State		27 City & State		4. FEI Number 65-0409127			
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent ROYSON, ROBERT D JR 12670 NEW BRITTAN BLVD STE 101 FORT MYERS FL 33906				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			
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 when reinstating) _____ DATE _____							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP 2. TITLE NAME STREET ADDRESS CITY- ST- ZIP 3. TITLE NAME STREET ADDRESS CITY- ST- ZIP 4. TITLE NAME STREET ADDRESS CITY- ST- ZIP 5. TITLE NAME STREET ADDRESS CITY- ST- ZIP						11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY- ST- ZIP 2.1. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY- ST- ZIP 3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS 3.4. CITY- ST- ZIP 4.1. TITLE 4.2. NAME 4.3. STREET ADDRESS 4.4. CITY- ST- ZIP 5.1. TITLE 5.2. NAME 5.3. STREET ADDRESS 5.4. CITY- ST- ZIP 6.1. TITLE 6.2. NAME 6.3. STREET ADDRESS 6.4. CITY- ST- ZIP	
14. I do 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, 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:  ARMIN ECKERL 2-13-97 941-369-8989							

CR2E034 (9/96)