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
ANNUAL REPORT
1996

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

DOCUMENT # **V66392** **(4)**

1. Corporation Name

FLORIDA GOVERNMENT RELATIONS, INC.

Principal Place of Business

ONE CLEARLAKE CENTRE
SUITE 500, 250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401
US

Mailing Address

3081 COMMECIAL BOULEVARD
SUITE 103
FORT LAUDERDALE FL 33308
US

3. Date Incorporated or Qualified: 09/24/1992

3a. Date of Last Report: 06/29/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3600 North Federal Hwy
Suite, Apt #, etc
27 2nd Floor
City & State
28 Ft. Lauderdale, FL
Zip 29 33308 Country 30 US

4. FEI Number: 65-0361130 — 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

HAYES, TOM
3081 COMMERCIAL BOULEVARD
SUITE 103
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Tom Hayes
82 Street Address (P.O. Box Number is Not Acceptable): 3600 North Federal Highway
83 2nd Floor
84 City: Ft Lauderdale, FL 85 Zip Code: 33308

11. Pursuant to the provisions of Section 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: [signature] 6/10/96 (Date)
Signature, Title, Date (Required if Registered Agent is a Corporation)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HAYES, TOM	
STREET ADDRESS	3081 COMMERCIAL BOULEVARD, SUITE 103	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3600 N. Federal Hwy	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

SIGNATURE: [signature] 6/10/96 (Date) 954/390-7949 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

007/006 CP