## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

NAME

STREET ADDRESS CITY-ST-ZIP

FILED Aug 08 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 236073 (3)ASSOCIATED RACK CORPORATION Principal Place of Business Mailing Address 7150 20TH STREET 7150 20TH STREET VERO BEACH FL 32966 VERO BEACH FL 32968 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1960 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-0911600 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FAULMAN, WILLIAM 81 **7150 20TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32966 63 84 City Zip Code 85 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE Change Addition TITLE 1.5 TITLE FAULMAN, WILLIAM 1.2 NAME NAME **7150 20TH STREET** STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 T/ILE FAULMAN, MICHAEL NAME 2.2 NAME **7150 20TH STREET** STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Срапле Addition TITLE 3.1 TITLE FAULMAN, VIRGINIA NAME 3.2 NAME **7150 20TH STREET** STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL 34. CITY-ST-ZIP CITY-ST-ZIP DELETÉ 4.1 TITLE Change Addition TITLE FAULMAN, PHYLLIS 4. 2 NAME NAME 7150 20TH STREET STREET ADDRESS 4.3 STREET ADDRESS VERO BEACH FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY~ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 eath; 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. Mallan CICKIATHOR DEMINE

6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.4 CITY - ST - ZIP