|  | PROFIT<br>DRPORATION<br>NUAL REPORT<br>1996  |  | lra B. Mor<br>retary of S  |  |  |                                    |  |  |
|--|--|--|--|--|--|------------------------------------|--|--|
|  | JMENT # G561   | 76 (2)   |  |  |  |                                    |  |  |
| •  | NDCO/CASCADE, INC.   | , ,  |  |  |  |                                    |  |  |
| ATTN: D F<br>11770 US  | ice of Business<br>P COYLE<br>HWY ONE. P.O. BOX 088801<br>ICH FL 33408   | Mailing Address<br>700 Universe blyd<br>Attn: Coyle, Denn<br>Juno Beach Fl 334   | AS. P  |  | T (00)(1) (00) (C(IT) PAIGE MONTH  | <b>vois v</b> iii vivii i          | HOIL HILL BURN   | 918fi 918fi 1981   |
|  |  | US   |  |  | <ol> <li>Date Incorporated or Qualifie<br/>08/17/1983</li> </ol>   |                                    | ate of Last Re<br>04/10/199  |  |
| Principal  | Place of Business  | 2a. Mailing Address  |  | <del></del>  | 4. FEI Number  |                                    |  | Applied For  |
| Suite, Ap  | t. #, etc.   | Suite, Apt. #, etc.  |  |  | 59-2339943  5. Certificate of Status Desired   | <u>.</u>                           |  | Not Applicable Additional  |
| City & Sta   | ate  | Orty & State   |  |  | Sertificate of Status Desired     Status Desired     Status Desired     Status Desired     Status Desired              |                                    |  | Required   |
| <br>Zip  | Country  | <b>28</b>  |  |  | Trust Fund Contribution  |                                    | Adde   | May Be<br>d to Fees  |
| ·<br>  | 25<br>9. Name and Address of Curre   | 29   | 30   | ntry   | 8. This corporation has liability Florida Statutes   | for intangible<br>Yes <b>Tim</b> o | tex under s  | 199.032,   |
|  |  | Trogistered Agent  |  | B1 Name  | 10. Name and Address of Ne   | w Hegistere                        | a Agent  |  |
|  | J E<br>West Flagler Street<br>Fl 33174   |  |  | B2 Street Addr   | ress (P.O. Box Number is Not Accep   | ołable)                            |  |  |
| 9250 V<br>MIAMI<br>F'ursuant<br>or registe<br>familiar v   | WEST FLAGLER STREET FL 33174  t to the provisions of Sactions 607.050; ered agent, or both, in the State of Flor with, and accept the obligations of, Sec  | ida. Such change was authori,<br>tion 607.0505, Florida Statute  |  | 82 Street Addr<br>83<br>84 City  |  | F                                  |  | o Code<br>egistered offi<br>i agent. I am                                |
| 9250 V<br>MIAMI<br>Fursuant<br>or registe  | MEST FLAGLER STREET FL 33174  It to the provisions of Sections 607.050; ered agent, or both, in the State of Flor with, and accept the obligations of, Sec   | ida Such change was authori,<br>tion 607.0505, Florida Statute   | zed by the<br>S.<br>OTE Registe  | 82 Street Addr<br>83<br>84 City  | ration submits this statement for the rd of directors. I hereby accept the red when renstating)                        | purpose of appointment             | changing its r<br>as registered                                    | egistered offi<br>i agent. I am  |
| 9250 V<br>MIAMI<br>Fursuam<br>or registr<br>familiar v<br>NATURE   | MEST FLAGLER STREET FL 33174  It to the provisions of Sections 607.050; ered agent, or both, in the State of Flor with, and accept the obligations of, Sec Signature, types or perded name of registering agent OFFICERS AN  | ida Such change was authori,<br>tion 607.0505, Florida Statute   | zed by the<br>s.   | 82 Street Addr<br>83<br>84 City<br>ve-named corpor<br>corporation's boar   | ration submits this statement for the r  | purpose of appointment             | changing its r<br>as registered                                    | egistered offi<br>i agent. I am  |
| PAISON MIAMI  FAIRSUAM or registe familiar v NATURE.   | MEST FLAGLER STREET FL 33174  It to the provisions of Sections 607.050: ered agent, or both, in the State of Flor with, and accept the obligations of, Sec  Signature types or period name of registered agen  OFFICERS AN PD HERTZ, JAMES E 11770 US HWY #1   | ida Such change was authori,<br>tion 607.0505, Florida Statute<br>at and title if assectable N<br>ID DIRECTORS                   | zed by the s.  OTE Registe 11.   | 82 Street Addr 83 84 City ve-named corpor orporation's boar  | ration submits this statement for the rd of directors. I hereby accept the red when renstating)                        | purpose of appointment             | changing its r<br>as registered                                    | egistered offi<br>i agent. I am  |
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SIGNATURE:

Dennis P. Coyle

03/01/96 (407) 694-4644

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