SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)M80406 H. WATSON & CO., INC. Mailing Address Principal Place of Business % WILLIAM A. BORJA. ESO. % WILLIAM A. BORJA. ESO: 1717 DOUGLAS AVENUE 1717 DOUGLAS AVENUE DUNEDIN FL 34698 **DUNEDIN FL 34698** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/11/1988 04/27/1995 Applied For EEL Number 2a. Maiting Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Z_{ip} Zιρ Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BORJA, WILLIAM A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 501 S. FORT HARRISON AVE. 82 SUITE 204 83 **CLEARWATER FL 34616** 85 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE Hingistered Agent signature required when reinstang) Signature, by put or printed number of registrated agent and fit eld applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1 : DILE TATLE n CR2E034 GREER, MARY 1.2 NAME NAME 1717 DOUGLAS AVE 1 3 STREET ADDRESS STREET ADDRESS DUNEDIN FL 1.4 City - St - ZIP CITY-ST-ZIP Change Addition DELFTE 21 THLE TITLE 22 NAME NAME 2.3 STREFT ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 31 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 1/3LE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-2IP Change Addition DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - 7/2 Addition DELETE 61 TITLE TITLE 000001917 -08/09/96--01024 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS ***225.00 6.4 CiTY - S1 - ZIP 14. Ido 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 on an attachment with an address

SIGNATURE:

I GREER

(813)136-1786