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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000004129 (9) BRYANT PROPERTY MANAGEMENT INC. Principal Place of Business Mailing Address 2902 MORNINGSIDE DRIVE 2902 MORNINGSIDE DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1682 26 1682 VineyARd WAY
Suite, Apt #, etc. 593283114 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be TALLAHASSEE Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Leon Leop Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRYANT, BARRY J 2902 MORNINGSIDE DRIVE 82 TALLAHASSEE FL 32301 83 Zip Code 323// TALL Ahasse e 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Fronda Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/8)TITLE DELETE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS CITY - ST - ZIP 1 4 City - S1 - ZIF TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - ZIP THILE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4 t Title Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4.4 City - St - ZiP THLE DELETE 5 1 TITLE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CFY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADORESS CITY - ST - ZIP 6.4 C:TY - 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND Y JESON PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

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