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 # **P95000037740 (4)**

1. Corporation Name
PHYSICALLY CHALLENGED OUTDOOR'S MAN, INC.

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD. SUITE 1002 MIAMI FL 33137	3050 BISCAYNE BLVD. SUITE 1002 MIAMI FL 33137

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report: 05-08-95
4. FEI Number: 65-0586727 (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

2. Principal Place of Business	2a. Mailing Address
21: 17111 N.W. 43 Ave	26: 17111 N.W. 43 Ave
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: OPA Locka Fla.	28: City & State: OPA Locka Fla.
24: Zip: 33055 — 25: Country: U.S.A.	29: Zip: 33055 — 30: Country: U.S.A.

9. Name and Address of Current Registered Agent

WILENSKY, ALBERT
3050 BISCAYNE BLVD.
SUITE 1002
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Victor F. Mendoza
82 Street Address (P.O. Box Number is Not Acceptable): 17111 N.W. 43 Ave
83
84 City: OPA Locka FL — FL — 85 Zip Code: 33055

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: Victor F. Mendoza — 07-24-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDOZA, VICTOR 17111 N.W. 43RD AVE. CORAL CITY FL 33055 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Victor F. Mendoza — Victor F. Mendoza — 07-24-96 — 305-625-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)