SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

HED PROFIT < FLORIDA DEPAREMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT 28 PM 4: 20 1998 DIVISION OF CORPORATIONS SECTIETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT P95000074091 (6) SPECIALTY CURBS, INC. Principal Place of Business Mailing Address 4101 TWILIGHT TRAIL 4101 TWILIGHT TRAIL KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3350157 26 Not Applicable Śuite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BELL, CATHY J 4101 TWILIGHT TRAIL 82 KISSIMMEE FL 34746 83 84 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above flamed 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 607.0565 Forday States. SIGNATURE DATE rhen reinstating) CR2E034 (5/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE PRESIBEAT Change Addition DELETE NAME BELL, CATHY 1.2 NAME ELIZABETH Y. 3802 QUANDO DR. 4101 TWILIGHT TRAIL STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE ___ Change TITLE DELETE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change ___ Addition NAME 3.2 NAME 50000 STREET ADDRESS 3.3 STREET ADDRESS ****550.00 ****550.00 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 of trustale employees this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanced, or on an attachment with an ordress.