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 DIVISION OF CORPORATIONS 1996 (9)DOCUMENT # 645968 A. CIRCELLI & SONS, INCORPORATED Principal Place of Business Mailing Address 4200 NE 16TH TERR 3003 GRANADA STREET FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33304 3a. Date of Last Report 3. Date Incorporated or Qualified 03/10/1995 11/21/1979 Applied For 4. FÉI Number 2a. Mailing Address 2. Principal Place of Business 59-1955669 Not Applicable 26 21 \$8.75 Additional Suite, Apt # etc Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Country Z≀p Yes No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CIRCELLI, ANGELO M. Street Address (P.O. Box Number is Not Acceptable) 4200 N 16TH TERR FT. LAUDERDALE FL 33334 83 85 Zip Code **B4** City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Flonda 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE gistored Agent signature required when relastating) Signature 15(), it or profed can electrographed agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Adoltion DELETE TITLE PD CR2E034 1.2 NAME CIRCELLI, ANGELO M. NAME 1.3 STREET ADDRESS 3003 GRANADA STREET STREET ADDRESS 14 CITY - ST - ZIP FT. LAUDERDALE FL CITY-ST-ZIP Change Addition DELETE 2 I TITLE PRESIDENT TITLE CIRCELLI, ANGELO M. 2.2 NAME NAME 4200 N.E. 16 th TERRACE 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL. 3333 2.4 CITY -ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 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 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELFTE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ACORESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 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 early, 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

June 15/96 /954) 351-7491