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 **DOCUMENT #** 567947 (7) JOHN P. SVEC, INC. Mailing Address Principal Place of Business 2301 SUNRISE BLVD. 2301 SUNRISE BLVD. SUITE NO. 1 SUITE NO. 1 3a. Date of Last Report FORT PIERCE FL 34982 3. Date incorporated or Qualified FORT PIERCE FL 34982 03/24/1995 04/06/1978 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1818933 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 $Z_{\rm ID}$ Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SVEC, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 2301 SUNRISE BLVD. FORT PIERCE, FLORIDA 83 34982 Zip Code 85 City 84 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. CIATE SIGNATURE (NOTE: Registered Agent's griature required when reinstating) Signature, typession profit in about of tell, desert agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/6)13. OFFICERS AND DIRECTORS 12. Change Addition 1.1 TITLE DELETÉ PD TITLE CR2E034 1.2 NAME SVEC, JOHN NAME 13 STREET ADDRESS 7300 RESERVE CREEK DR. STREET ADDRESS 14 CITY ST-ZIP FORT PIERCE, FL 0 Change Addition CITY - ST - ZIP DELETE 2.1 TIFLE TITLE 22 NAME SVEC, GAIL NAME 2 3 STREET ADDRESS 7300 RESERVE CREEK DR. STREET ADDRESS 2 4 CITY - ST - ZIP FORT PIERCE, FL 0 CHTY-ST-ZIP Change Addition DELETE 3.1 TITLE THLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP Change Addition CITY-ST-ZIP DELFIE 4 1 THTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-SI-ZIP Change Addition DELETE 61 UILE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. If 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 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 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 6 4 CITY - ST - ZIP 26 July 96 561-464-4800

SIGNING OFFICER OF DIRECTOR

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