

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<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 202920 (5)

1. Corporation Name

MODERNAGE KITCHENS, INC.

Principal Place of Business

Mailing Address

431 N. GRANDVIEW AVE.  
DAYTONA BEACH FL 32118

431 N. GRANDVIEW AVE.  
DAYTONA BEACH FL 32118



|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>05/27/1957   | 3a. Date of Last Report<br>01/31/1995                  |
| 21                             |                     | 26                  |                     | 4. FEI Number<br>59-0810881   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | Suite, Apt. #, etc. | 27                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 23                             | City & State        | 28                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 24                             | Zip                 | 29                  | Zip                 | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                | Country             |                     | Country             |   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON, JOHN S., JR.  
431 NORTH GRANDVIEW AVENUE  
DAYTONA BEACH FL 32118

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONAL OFFICERS AND DIRECTORS IN 12 |                                     |
|----------------------------|---------------------------------------|---|-------------------------------------|
| TITLE                      | ASD                                   | 11 TITLE                                    | D - <i>Director</i>                 |
| NAME                       | THOMPSON, CALVIN                      | 12 NAME                                     | Thompson, CALVIN                    |
| STREET ADDRESS             | 5100 ONE CITICORP CENTER, 153 E. 53RD | 13 STREET ADDRESS                           | 5100 One Citicorp Center 153 E 53rd |
| CITY - ST - ZIP            | NEW YORK NY 10022                     | 14 CITY - ST - ZIP                          | NY NY 10022                         |
| TITLE                      | D                                     | 21 TITLE                                    |                                     |
| NAME                       | HUBER, CHARLES F II                   | 22 NAME                                     |                                     |
| STREET ADDRESS             | 5100 ONE CITICORP CENTER, 153 E. 53RD | 23 STREET ADDRESS                           |                                     |
| CITY - ST - ZIP            | NEW YORK NY 10022                     | 24 CITY - ST - ZIP                          |                                     |
| TITLE                      | AS                                    | 31 TITLE                                    | AS and Director                     |
| NAME                       | NORTON, JOHN S JR.                    | 32 NAME                                     | NORTON JOHN S. Jr                   |
| STREET ADDRESS             | 431 NORTH GRANDVIEW AVENUE            | 33 STREET ADDRESS                           | 431 N Grandview Ave                 |
| CITY - ST - ZIP            | DAYTONA BEACH FL 32118                | 34 CITY - ST - ZIP                          | Daytona Beach FL 32118              |
| TITLE                      |                                       | 41 TITLE                                    |                                     |
| NAME                       |                                       | 42 NAME                                     |                                     |
| STREET ADDRESS             |                                       | 43 STREET ADDRESS                           |                                     |
| CITY - ST - ZIP            |                                       | 44 CITY - ST - ZIP                          |                                     |
| TITLE                      |                                       | 51 TITLE                                    |                                     |
| NAME                       |                                       | 52 NAME                                     |                                     |
| STREET ADDRESS             |                                       | 53 STREET ADDRESS                           |                                     |
| CITY - ST - ZIP            |                                       | 54 CITY - ST - ZIP                          |                                     |
| TITLE                      |                                       | 61 TITLE                                    |                                     |
| NAME                       |                                       | 62 NAME                                     |                                     |
| STREET ADDRESS             |                                       | 63 STREET ADDRESS                           |                                     |
| CITY - ST - ZIP            |                                       | 64 CITY - 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Assistant Secretary* 8, 1996

CR2E034 (3/96)