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 # 210059 (2)

1. Corporation Name

SPRING LOCK SCAFFOLDING OF FLORIDA INC

Principal Place of Business	Mailing Address
1600 S DIVISION AVENUE ORLANDO FL 32805	2600 N 2ND ST PHILADELPHIA PA 19133 US

3. Date Incorporated or Qualified: 02/24/1958
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-0822615 — 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: 21 ___ Suite, Apt #, etc: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

9. Name and Address of Current Registered Agent

LEMUS, MARTHA
602 S. ARMENIA AVE.
TAMPA FL. 33609

10. Name and Address of New Registered Agent

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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer
TITLE	PD ☐ DELETE
NAME	RAPOPORT, ERNEST
STREET ADDRESS	214 PARKVIEW RD
CITY-ST-ZIP	CHELTENHAM, PA 00000
TITLE	STD ☐ DELETE
NAME	RAPOPORT, JEFFREY
STREET ADDRESS	458 N APPLE TREE LN
CITY-ST-ZIP	LAFAYETTE HILL, PA 00000
TITLE	VD ☐ DELETE
NAME	RAPOPORT, MITCHELL
STREET ADDRESS	214 PARKVIEW RD
CITY-ST-ZIP	CHELTENHAM PA
TITLE	VD ☐ DELETE
NAME	RAPOPORT, RANDY
STREET ADDRESS	214 PARKVIEW RD
CITY-ST-ZIP	CHELTENHAM PA
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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: Jeffrey Rapoport — 6/6/96 — 215-4261605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #