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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** JILL'S GRANDMOTHER, INC. Principal Place of Business Mailing Address 3438 LAWTON ROAD. STE 200 3438 LAWTON ROAD, STE 200 ORLANDO FL 32803 ORLANDO FL 32803 3a. Date of Last Report 3. Date Incorporated or Qualified 11/09/1970 05/01/1995 Applied Far 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 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 City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Florida Statutes Yes No 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name MAHAFFEY, JOHN D., JR Street Address (P.O. Box Number is Not Acceptable) 3438 LAWTON ROAD, STE 200 82 ORLANDO FL 32803 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. (NOTE Registered Agent signature required when recessing) DATE SIGNATURE Signative, typics or printed name of registered agent and title if applicable (3/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 Title PD TITLE CR2E034 1.2 NAME MAHAFFEY, JOHN D., JR NAME 3438 LAWTON RD, 200 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE MAHAFFEY, JOHN D., JR 2.2 NAME NAME 2.3 STREET ADDRESS 3438 LAWTON RD, 200 STREET ADDRESS 2 4 CITY - ST - 71P ORLANDO FL CITY - ST - ZIP Change ___ Addition DELETE 31 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY-S1-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 THILE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 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

John D. Mahaffey, Jr. 6-28-96 407-894-208/ SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

Block 13 if changed, or on an attachment with an address

that my name appears in Block 12 ç