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 ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 375820 (8)T & L SALES CORP. Principal Place of Business Mailing Address 115 DANIA CR 115 DANIA CR LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 3a. Date of Last Report 3 Date Incorporated or Qualified 01/19/1971 05/23/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1311106 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032 Ζiρ Zip Country Yes No Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, SIDNEY E 2311 N.E. 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33002 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) [DAR] Signature type for printed more of regioned agent and the if apole at (3/86)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE TITLE 1.2 NAME CR2E034 SMITH, DEBORAH A. NAME 3161 NW 8TH ST. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 14 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TI7LE Change Addition W COOPER, DAN F. 2.2 NAME NAME STREET ADDRESS 1218 SCOTT AVENUE 2.3 STREET ADDRESS CITY - ST - ZIP LEHIGH ACRES FL 2 4 CHY - ST- ZIP Change Addition DELETE 3111118 TITLE NAME 3 2 NAME COOPER, FRANK S 115 DANIA CIRCLE 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Crty - St - ZiP City-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - 7/P 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 1 further certify that the information indicated on this arinual 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 forporation or true receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and n attachment with an address that my name appears in Block 12 change -29-96 SIGNATURE:

OR DIRECTOR

SIGNATURE AND TYPED OR PRIN