SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$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** # (3)387528 V V Z, INC. Mailing Address Principal Place of Business 251 NE 28 RD 215 MAC FARLANE DR **BOCA RATON FL 33431 DELRAY BCH FL 33483** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 08/25/1971 4. FEI Number Applied For 2a, Mailing Address Principat Place of Business 1595 PEACHERS BOLLE AUX, NW 59-1364736 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Atlanta Added to Fees Trust Fund Contribution 23 Country This corporation has liability for intangible tax under s. 199 032. Zip Žιο u's A Yes No Florida Statutes 29 30327 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VANZEE, VALENTINE Street Address (P.O. Box Number is Not Acceptable)

215 MAC TANIANE DK: 251 N.E. 28TH ROAD **BOCA RATON FL 33431** 83 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. ALENTINE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE 1.2 NAME VAN ZEE, VALENTINE NAME 251 N E 28TH RD 1 3 STREET ADDRESS STREET ADDRESS **BOCA RATON, FL 00000** 1 4 CITY - ST - ZIE CITY-ST-ZIP DELETE 21 TIFLE TITLE 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 THLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-St-7iP Add tion Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TIFLE TITLE 62 NAME NAME 63 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 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 abdress CITY-S1-ZIP