

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 REVENUE
 Sandra B. Matthews
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

415789

AL HUTCHINSON ENTERPRISES, INC.

3081 Salzedo Street 3081 Salzedo Street
 Coral Gables, FL 33134 Coral Gables, FL 33134

3. Date of Incorporation 01/02/1973 3a. Date of Renewal 01/25/1994
 4. Tax Number 59-1448051
 5. Certificate of Status Number \$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 income tax under S. 213 of Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. State App. # 26. State App. #
 22. City & State 27. City & State
 23. Zip 28. Zip
 24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
 Hutchinson, Albert N.
 2575 South Bayshore Drive, Suite 15B
 Miami, FL 33134

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: Albert N. Hutchinson *at J. H. ...* 7/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert N. Hutchinson	12. NAME	
STREET ADDRESS	3081 Salzedo Street	13. STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	14. CITY-ST-ZIP	
TITLE	Vice Pres, Secretary <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Rudick	22. NAME	
STREET ADDRESS	7200 SW 129 Street	23. STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	24. CITY-ST-ZIP	
TITLE	Treasurer, C.F.O. <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. Cash	32. NAME	
STREET ADDRESS	2305 SW 183 Terrace	33. STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33029	34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	900001911599
CITY-ST-ZIP		54. CITY-ST-ZIP	-08/02/96--01044--019
TITLE	<input type="checkbox"/> DELETE	61. TITLE	***225.00
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)(b), 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 or in an attachment with an address.

SIGNATURE: David W. Cash, Treasurer, CFO 4/9/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 325-441-4010

CR2E034 (3/96)