SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT

SIGNATURE:

Jul 25 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 542404 (9) **BULLIS BROMELIADS, INC.** Principal Place of Business Mailing Address 12420 S.W. 248TH ST. 12420 S.W. 248TH ST. PRINCETON FL 33032 PRINCETON FL 33032 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1977 03/20/1996 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 59-1759533 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Ant #. etc. B 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WATKINS, MICHEAL E 830 N KROME AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33030** 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) Signatura, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ___ Addition DELETE Change 1.1 TITLE TITLE BULLIS, HARVEY R III NAME 1.2 NAME 12424 S W 248TH ST STREET ADDRESS 1.3 STREET ADDRESS PRINCETON, FL 0 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE Change ___ Additir 2.1 TITLE TITLE **BULLIS, LOIS FISCHER** 2.2 NAME NAME 12424 S W 248TH ST 2.3 STREET ADDRESS STREET ADDRESS PRINCETON, FL 0 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP Addition TT Change DELETE TITLE 3.1 TITLE BULLIS, PATRICIA G. NAME 3.2 NAME 12605 SW 256 TER 3.3 STREET ADDRESS STREET ADDRESS PRINCETON FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE Change 51 TITLE TITLE MAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am an officer or director of the coloration or the receiver opticals as a property of the coloration or the receiver opticals as a property of the coloration of the receiver opticals as a property of the coloration of the receiver opticals as a property of the coloration of the receiver opticals as a property of the coloration of the receiver opticals. appears in Block 12 or Block 1 16/97 305 258 8132

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