SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

I am an officer or director appears in Block 12 or Bi

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750.) **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State , 1997 DIVISION OF CORPORATIONS 97 OCT -6 AM II: 58 DOCUMENT # SECRETARY OF STATE NOTTINGHAM & ANENBERG, P.A. Principal Place of Business Mailing Address 7401 N UNIVERSITY DR 7401 N UNIVERSITY DR SUITE 207 SUITE 207 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE TAMARAC FL 33321 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1977 04/08/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-1772084 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UDINE, MOREY ESQ. 210 UNIVERSITY DR., SUITE 802 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registers: Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS NGES TO OFFICERS AND DIRECTORS IN 1 DELLIE TITLE NOTTINGHAM, CHARLES E. NAME 7800 BANYAN TERR. STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST 2 4 CITY-\$1-ZIP TT DELETE TITLE 3.1 1011 ☐ Change Addition 002316531--10/09/97--01104--011 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ****550.00 ****550.00 CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELFTE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE ☐ DELETE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STRELT ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the in o information indicated on this ar or the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the and accurate and that my signature shall have the same legal effect as if made under eath; that if o execute this report as required by Chapter 607, Florida Statutes; and that my name