## 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 #** (2)663791 EXECUTIVE INTERNATIONAL INC. Principal Place of Business Mailing Address 3909 ASHWOOD LN 3909 ASHWOOD LN -STE-209-STE-3090 SARASOTA FL 34232 SARASOTA FL 34232 3a. Date of Last Report 3. Date Incorporated or Qualified HS 01/17/1980 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1999587 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired NONE Fee Required NONE 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032. Country ZID 24232-1207 34232-1207 ] Yes 🔀 No Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name BENNING, ALBERT J 3909 ASHWOOD LN Street Address (P.O. Box Number is Not Acceptable) NONE **STE-909** SARASOTA FL 34232 85 Zip Code 84 City 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 renotating) CATE Signature, typed or princed harm of registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12.

(3/36)DELETE Change Addition 1.1 THILE TITLE CR2E034 BENNING, A J 1.2 NAME 3909 ASHWOOD LN 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 6 4 CITY - ST - ZIP 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's gnature 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 address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96 (941) 366-1667