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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (3)AAA REALTY, INC. Principal Place of Business Mailing Address 10000 STIRLING RD 10000 STIRLING RD COOPER CITY FL 33024 **COOPER CITY FL 33024** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1981 08/14/1995 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 2a. 59-2067868 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 This corporation has liability for intangible tax under s 199 032 Country Country  $Z_{ip}$ Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BONFIGLIO, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 82 10000 STIRLING RD COOPER CITY FL 33024 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 appuintment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. DAIL SIGNATURE (NOTE Registered Agent signature required when remetating) Signature, typed or printed name of registered agent and title if applicable (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1170718 TITLE SPD CR2E034 1 2 NAME BONFIGLIO, CHARLES J NAME 1.3 STREET ADDRESS 10000 STIRLING RD STREET ADDRESS 1.4 CITY - ST - ZIP COOPER CITY FL CITY-ST-ZIP Change | Addition DELETE 21 TITLE TITLE 2.2 NAME 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 ACCRESS STREET ADORESS 3.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TiTLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - 2IP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64CTY-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 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 if changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. BOWFIELO 671-96 954 436-8108