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 98 SEP 10 PH 12: 50 F93000003142 **DOCUMENT #** STOPLISH OF STATE PAVE-AD INTERNATIONAL LIMITED, INC. 400 Venture Drive, #8 South Daytona, FL 32119 Principal Place of Business Mailing Address Post Office Box 290096 (same as above) Port Orange, FL 32129-1845 Date Incorporated or Qualified 7/7/93 3a. Date of Last Report 04/30/96 4. FEANumber 36-3881490 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certilicate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Zip Yes No 30 Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 83 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Type due printe d'in imposit regionne d'algebra d'idité d'applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. CEO/Chief Executive Officer Crass X Addition 1.1 TO UE TITLE Ron Nel 1.2 NAME NAME 400 Venture Drive, #8 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - ST - 7IP CITY - ST - ZIP DELETE 2.1 Title TITLE 2.2 NAM6 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-20P CITY - ST - ZIP Change Adolpen DELETE 3 1 111.6 TITLE 3.2 NAME NAME 3.3 STREET AUDRESS STREET ADORESS 34 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C(1) Y - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETE 5.1 TIFLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - 51 - ZIP CITY-ST ZIP Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify firr the exemption stated in Section 119 07(3)(k). Florida Statutes 1 turther certify that the information increased on this annual report or supplemental annual report is true and accurate another my signature shall have the same logal effect as 3 made under oath, that I am an office of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Exit da Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address. 18012.

SIGNATURE: