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.)

FILED PROFIT Jul 28 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS F9300005935 (2) DOCUMENT # MAFG SERVICES, INC. Principal Place of Business Mailing Address 844 N LENOLA RD 844 N LENOLA RD SUITE 1 SUITE 1 MOORESTOWN NJ 08057 MOORESTOWN NJ 08057 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2594020 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip 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 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANATATION FL 33324 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition BERINGER, THEODORE A NAME 1.2 NAME 844 N LENOLA RD SUITE 1 STREET ADDRESS 1.3 STREET ADDRESS **MOORESTOWN NJ** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition TORRETTI, RONALD D NAME 2.2 NAME 844 N LENOLA RD SUITE 1 STREET ADDRESS 2.3 STREET ADDRESS MOORESTOWN NJ CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 11TLF ☐ Change Addition LIPSEY, ROBERT S NAME 32 NAME 844 N LENOLA RD SUITE 1 STREET ADDRESS 3.3 STREET ADDRESS **MOORESTOWN NJ** CITY-ST-ZIP 3.4. CITY - S1 - 7(P ___ DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELFTE TITLE 5.1 Till (Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP

6.4 City-S1-ZIP 14. I do hereby certify that the information supplied with this filing 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 logal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

61 THLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-702

120. 3 4

Robert S. Linson

DELETE

nlailen

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Change

Addition