

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  
Aug 07 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000004202 (5)

1. Corporation Name

JOSEPH M. GOTTFRIED, CERTIFIED PUBLIC ACCOUNTANT  
, P.C.

Principal Place of Business

2039 GULF OF MEXICO DR. #302  
LONGBOAT KEY FL 34228-3252

Mailing Address

2039 GULF OF MEXICO DR. #302  
LONGBOAT KEY FL 34228-3252

DO NOT WRITE IN THIS SPACE

|  |                                   |
|--|-----------------------------------|
| 3. Date Incorporated or Qualified<br>08/15/1996  | 3a. Date of Last Report           |
| 4. FEI Number<br>13-2687422  | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

GOTTFRIED, JOSEPH M  
2039 GULF OF MEXICO DR. #302  
LONGBOAT KEY FL 34228-3252

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL 85 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                      | CPST                         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOTTFRIED, JOSEPH            | 1.2 NAME  |   |
| STREET ADDRESS             | 2039 GULF OF MEXICO DR. #302 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LONGBOAT KEY FL 34228-3252   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 2.2 NAME  |   |
| STREET ADDRESS             |                              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 6.4 CITY-ST-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH M. GOTTFRIED 7/31/97

941-3877197

CR2E034 (4/97)