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 CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 99510 (2)

1. Corporation Name
HEAVEN ON WHEELS, INC.

Principal Place of Business
2808 No. DIXIE HWY.
WILTON MANORS, FL. 33334 - US

Mailing Address
2808 No DIXIE HWY
WILTON MANORS, FL.
US 33334

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip 29 County 30

3. Date of Incorporation or Qualification: 09/08/1982
3a. Date of Last Report: 2/13/95
4. FEI Number: 30-1460216
Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
8. This corporation has elected to be governed by the Securities Provisions of Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent (SAME)
KAPLAN, DOUGLAS C.
2435 Hollywood BLVd
Hollywood, FL. 33020

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 Section 607.0505 or 617.1505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the undersigned accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STANLEY, LARRY D.
STREET ADDRESS	603 NORTH GOLF DR.
CITY, ST, ZIP	HOLLYWOOD, FL. 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

500001898895
-07/19/96--01007--026
***225.00

7-18-96

14. I do hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that I am familiar with and accept the obligations of Section 607.0505 or 617.1505, Florida Statutes. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that I am familiar with and accept the obligations of Section 607.0505 or 617.1505, Florida Statutes.

SIGNATURE: LARRY D. STANLEY 6/17/96 954-565-5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)