SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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 #** RUSSELL A. SILBER, INC. Principal Place of Business Mailing Address 5932 NW 93 TERR 5932 NW 93 TERR TAMARAC FL 33321 TAMARAC FL 33321 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 02/15/1983 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2290824 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No Country Ζιρ Country Zio 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SILBER, RUSSELL A 1338 N W 100 AVE Street Address (P.O. Box Number is Not Acceptable) 82 TAMARAC FL 33321 83 Zip Code City 85 84 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 (NOTE Requiser d'Agent (signature required when recordating) Ε.Δ16 Stignature 194-ed or proceed to are of respecteded agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE SILBER, RUSSELL A CR2E034 1.2 NAME NAME 5932 NW 93 TERR STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 1.4 CITY - S1 - 7IP CITY-ST-ZIP Change Addition DELETE 2.1 TifLE TITLE SILBER, MYRA 2.2 NAMS NAME 5932 NW 93 TERR 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 2 4 O(TY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - ST - ZIP Change Addition DELETE 4 1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition 5 t Title TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY-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 1

further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have to the same legal effect as it 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.

RUM A. SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/96)