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 (1)**DOCUMENT #** G38282 CITATION MANAGEMENT CORP. Mailing Address Principal Place of Business 1100 NO. FLA MANGO RD., STE. K 1100 NO. FLA MANGO RD., STE, K W. PALM BEACH FL 33409 W. PALM BEACH FL 33409 3a. Date of Last Report 3. Date Incorporated or Qualified 05/11/1995 05/13/1983 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2284303 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired []Fee Required 27 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 Country Zıp Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name BROLSMA, JACK M Street Address (P.O. Box Number is Not Acceptable) 1100 NO. FLA MANGO RD., SUITE K 82 W. PALM BEACH FL 33409 83 85 Zip Code 84 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's greature required when reinstating) Signature it ped or printed name of eignatured agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETÉ 1.1 TITLE PTD TITLE 1.2 NAME BROLSMA, JACK M NAME 1 3 STREET ADDRESS 129 ILEX DRIVE STREET ADDRESS LAKE PARK FL 33403 14 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE DSI 21 TIUE TITLE 2.2 NAME BROLSMA, JOYCE J NAME 2.3 STREET ADDRESS 129 ILEX DRIVE STREET ADDRESS LAKE PARK FL 33403 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnshed 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 the same legal 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 or Changes or on an attachment with an address

6.1 TITLE

6.2 NAMS

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

THLE

NAME

SIGNATURE AND TYPEO OR PRINTED NAME OF SEGNING OFFICER OR DIRECTOR

DELETE

7.10.96 S61.844.7478

Change Addition

(36/8)

CR2E034