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 (0)DOCUMENT # G82015 CAPITAL INVESTMENT SERVICES INC. Mailing Address Principal Place of Business MAOBERT B. WIEDEKE %ROBERT B. WIEDEKE 11000 S.W. SSTLH STREET 11000 S.W. 55TLH STREET FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328 3a. Date of Last Report 3. Date Incorporated or Qualified 11/29/1983 03/22/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2345718 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country This corporation has liability for intangible tax under s 199.032 Zıp Country Zin Yes No 30 Florida Statutes 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WIEDEKE, ROBERT B. 11000 S.W. 55TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33328 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstanding Signature. Typed or printroinaine of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 TITLE PD TITLE WIEDEKE, ROBERT CR2E034 1.2 NAME NAME 11000 S.W. 55TH STREET 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 City - St - ZiP CITY - ST - ZIP Charge Addition DELETE 2.1 TITLE TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP DITY-ST-ZIP Change Addrhon DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 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 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 Big. 12 or Block 13 if changes, or on an attachment with an address.

COBERT WIEDERF 6/24/96

that my name appears in

SIGNATURE: