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.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** G85876 M. D. CARLISLE MANAGEMENT CORP. Mailing Address Principal Place of Business 1701 LEE ROAD 1701 LEE ROAD WINTER PARK FL 32789 3a. Date of Last Report WINTER PARK FL 32789 3. Date Incorporated or Qualified 02/08/1995 02/22/1984 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 11-2680318 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 032 23 Country Ζıp Country Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GRANT, JOHN 82 1701 LEE ROAD WINTER PARK FL 32789 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. getered a jent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE CR2E034 TITLE P 1.2 NAME GRANT, JOHN NAME 13 STREET ADDRESS 1458 KETTLEDRUM TRAIL STREET ADDRESS 1.4 CITY - ST-ZIP Change Addition ENTERPRISE FL CITY - ST - ZIP DELETE 21 TITLE **VPST** TITLE LEWIS, RICHARD NAME 2 3 STREET ADDRESS 1892 COLE DR STREET ADDRESS 2 4 CITY - ST-ZIP Change Addition FAST MEADOW NY CITY - ST - ZIP DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREE1 ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TiTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 7/31/10 SIGNATURE:

G OFFICER OR DIRECTOR

0009207

CP