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. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H04683 (9) ENER-DYNE, INC. Principal Place of Business Mailing Address 4903 CORAL BLVD. 4903 CORAL BLVD BRADENTON FL 34210 BRADENTON FL 34210 3a. Date of Last Report 3. Date Incorporated or Qualified 05/22/1984 09/29/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2421541 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intang-ble tax under s. 199.032 Country 210 Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALTERS, CLIFFORD L. 802 11TH STREET WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 33505** 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. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE Signature, type, For principle is one or of registerest agent and the diapple able (NOTE: Real lored Agent signature required when recent its gr ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE 1.2 NAME CR2E034 GUSTAFSON, NELS R. NAME 4903 CORAL BLVD. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - ST - ZIP BRADENTON FL CITY-SI-ZIP Change Addition DELETE 2.1 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change ____ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 \$1REET ADDRESS STREET ADDRESS 3.4 CITY+SI-ZIP CITY - ST - ZIP Change Addition DELETE 4111116 BILLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - Zi2 CITY-ST-ZIP Change Addition DELETE 5.1 TISLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIF DELETE Change Addition € 1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHTY - 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 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 out. 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 behanged, or on an attachment with an address

NELS A. GUSTAFSON 6-17-96 941 795 4009

OFFICER OR DIRECTOR