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 **FILED** Sandra B Mortham **ANNUAL REPORT** Secretary of State Jun 13 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** H15634 (9)MILE MARKER, INC. Principal Place of Business Mailing Address 1450 SW 13 CT. 1450 SW 13 CT. POMPANO BCH. FL 33069 POMPANO BCH. FL 33069 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1984 06/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2490268 Not Applicable Suite, Apt #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country 8. This corporation has lability for intangible to under s 199.032 Florida Statutes Yes No 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name AHO, RICHARD E. 5500 N.E. 31 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 City Zip Code FL 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 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** Signature typed or printed name of registered agent and time if applicable CIAlt (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE **CCEO** DELETE 1 1 TITLE Change Addition AHO, RICHARD E. NAME 12 NAME STREET ADDRESS 5500 NE 31 AVE 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 1 4 CITY - ST - ZIP TITLE STD DELETE 21 TITLE Change Addition AHO, LESLIE J. 2 2 NAME STREET ADDRESS 5500 NE 31 AVE 2.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 2 4 CITY - ST - ZIP THLE DELETE 31 TIFLE ___ Change ___ Addit.on AHO, JOEL S. STREET ADDRESS 5500 NE 31 AVE 3 3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3 4. CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NIEHAUS, ROBERT J 4 2 NAME STREET ADDRESS 4230 NE 15TH AVE 4.3 STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE ___ Change ___ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZiP TITLE DELETE 61 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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, 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

SIGNATURE:

6-10-96 (954) 782-0604