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 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name (6)H23678 LINAR, INC. Mailing Address Principal Place of Business 6800 W. LIVINGSTON ST. 434 W. CHURCH ST. ORLANDO FL 32835 ORLANDO FL 32835 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1995 09/21/1984 Applied For FFI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2454283 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s 199 032 Country 3280 3280 Country Zip Yes No Florida Statutes 30 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EVANS, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 82 6800 W LIVINGSTON ST. ORLANDO FL 32835 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-riamed 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or proceed name of respected agent and tale if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Change Addition DELFTE 1 I TITLE **DPT** TITLE CR2E034 1.2 NAME EVANS, ROBERT A. NAME 13 STREET ADDRESS **6800 WEST LIVINGTON ST** STREET ADDRESS 14 CITY - ST - ZIP ORLANDO FL Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2 2 NAME SKINNER, GERTRUDE NAME 23 STREET ADDRESS 6800 W LIVINGSTON ST STREET ADDRESS 2 4 CITY - ST-ZIP ORLANDO FL Change Addition CITY-ST-ZIF DELETE 3.1 TUTLE TITLE 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition CITY-ST-ZIF DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP Change Addition CITY - ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST- ZIP Change Addition CITY-ST-ZIP DELETE 61 TILLE TITLE 62 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 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 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 Brock 12 or Block 13 if changed, or on an attachment with an address. 6 4 CITY - ST - ZIP

SIGNATURE:

0142688

6/6/96 407-295-1238