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 1996 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name H48144 (0)KATLAN REALTY, INC. Principal Place of Business Mailing Address 5599 BABCOCK ST. N.E. 5599 BABCOCK ST. N.E. PALM BAY FL 32907 PALM BAY FL 32907 3. Date incorporated or Qualified 3a. Date of Last Report 03/18/1985 07/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2529801 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATLAN, PAUL 5599 BABCOCK ST. N.E. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of roy stered agent and title if applicable (NOTE Registered Agent signature required when reastaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.48)TITLE PD DELETE 1171111 Change KATINAS, PAUL NAME 1.2 NAME CR2E034 5599 BABCOCK ST. N.E. STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 14 C/TY - S? - ZIP THUE DELETE 2.1 TITLE Change Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 DTLF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7iP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP THILE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - 7IP I do hereby certify that the information further certify that the information indic th this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and ted or made under oath, that I am that my name appears in iged, or on an altachment with an address SIGNATURE:

GNING OFFICER OR DIRECTOR