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.) PROFIL FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # H53528 (6) MAIN TEAM REALTY, INC. Mailing Address Principal Place of Business 1005 W. BLOOMINGDALE AVE. 1006 W. BLOOMINGDALE AVE. **BRANDON FL 33511** BRANDON FL 33511 3a. Date of Last Report 3. Date incorporated or Qualified 04/24/1985 01/17/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2526812 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zin Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAGERTY, MARJORIE R Street Address (P.O. Box Number is Not Acceptable) 1005 W. BLOOMINGDALE AVE 82 BRANDON FL 33511 83 Zip Code 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or proted name of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE PDS 1.1 1111.6 TITLE HAGERTY, MARJORIE R CR2E034 1.2 NAME NAME 1004 W. BLOOMINGDALE AVE. 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE T(TL€ 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY - ST- ZIP 14. If 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)(x). 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, Fiorida Statutes; and that my name appears in Block 12 if ghanged, or on an attachment with an address CITY-ST-ZIP

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