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 FILED **DIVISION OF CORPORATIONS** 1996 96 SEP 11 AM 8: 08 DOCUMENT # H57720 (5)SECRETARY OF STATE GREAT STUFF, INC. Principal Place of Business Mailing Address 10742 NW 18 CT 10742 NW 18 CT CORAL SPRINGS FL 33071 **CORAL SPRINGS FL 33071** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/20/1995 05/20/1985 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business 59-2541820 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Z Fee Regulred 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAROWITS, HOWARD Street Address (P.O. Box Number is Not Acceptable) 82 10742 N.W. 18 CT CORAL SPRINGS FL 33071 Zip Code 85 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. Presidens SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DHAROWITS, SEMA DELETE 1.1 TITLE TITLE 1.2 NAME 10742 NW 18 Court MAROWITS, HOWARD NAME 1.3 STREET ADDRESS 10742 NW 18 COURT STREET ADDRESS Coral Springs 1.4 CITY - ST - ZIP CORAL SPRINGS FL CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP 200001956U42 Addition DELETE 3.1 TITLE 3.2 NAME -09/25/96~-01028--017 NAME 3.3 STREET ADDRESS ****383.75 STREET ADDRESS ****383.75 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-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 61 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 5.4 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: