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 CORPORATION ANNUAL REPORT
1996 7-18-96 B-7345-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J00794 (4)

1. Corporation Name

EXECUTIVE HUNTING, INC.

Principal Place of Business	Mailing Address
831 RIVERBEND BLVD LONGWOOD FL 32779 US	P O BOX 651 APOPKA FL 32704-0651 US

2. Principal Place of Business	2a. Mailing Address
21 452 Lake Bridge Lane	26 Same
Suite, Apt. #, etc: 22 Apt. 413	Suite, Apt. #, etc: 27
City & State: 23 Apopka, FL	City & State: 28
Zip: 24 32703 — Country: 25 US	Zip: 29 — Country: 30

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 07/18/1995
4. FEI Number: 59-2654668 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

GOLDENBERG, CHARLES A.
831 RIVERBEND BLVD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: (Same) CHARLES A. GOLDENBERG
82 Street Address (P.O. Box Number is Not Acceptable): 452 Lake Bridge Lane
83 Apt. 413
84 City: Apopka FL 85 Zip Code: 32703

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 Charles A. Goldenberg — DATE 6/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GOLDENBERG, CHARLES A.	
STREET ADDRESS	831 RIVERBEND BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPD	☐ DELETE
NAME	GOLDENBERG, AUBREY H.	
STREET ADDRESS	1912 BELMONT PLACE	
CITY-ST-ZIP	METAIRIE LA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P,T,S,D	[X] Change ☐ Addition
1.2 NAME	GOLDENBERG, CHARLES A.	
1.3 STREET ADDRESS	452 Lake Bridge Lane, Apt. 413	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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.

July 15, 1996

SIGNATURE: Charles A. Goldenberg (Charles A. Goldenberg Pres) 407 889-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #