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** # J13956 (4)RICK'S BACKHOE SERVICE, INC. Principal Place of Business Mailing Address 18460 N.E. 23CT 18460 N.E. 23CT N. MIAMI BCH. FL 33160 N. MIAMI BCH. FL 33160 3. Date Incorporated or Qualified 3a, Date of Last Report 05/13/1986 04/03/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2683355 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zın Country 8. This corporation has liability for intangible tax under s 199 032.

Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SINGER, BERNARD A., ESQ. **2021 TYLER ST.** 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 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 office or registered agent, or boto, 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 Sign if we type the problem are into give extage in a latter it apple, whe (NOTE: Reg. fored Agents gradent required when recast deep-(A)'s 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 DILE Change Addition NAME WANDER, ROBERT 1.2 NAME CR2E034 STREET ADDRESS 16234 N.E. 9TH COURT 1.3 STREET ADDRESS N. MIAMI BCH. FL CHTY - ST - ZIP 1.4 CITY - ST - ZIP TIFLE DELETE 2 LTITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP THLE DELFTE 3.1 TiTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZiP 3.4 CITY-ST-ZIP TITLE | DELETE 4.1 TrillE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CHY - ST - ZIP TITLE DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CiTY - ST - 7iP TIFLE DELETE 61 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exempt on 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 that my name appears in 80 0 10 or Block 6 if dranged, or on an attachment with an address. (305)9338906 SIGNATURE:

SIGNING OFFICER OR DIRECTOR