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 DIVISION OF CORPORATIONS 1996 DOCUMENT # J60286 (8)AMERIPRO INVESTMENT COMPANY, INC. Principal Place of Business Mailing Address 1120 SOUTH FEDERAL HWY 1120 SOUTH FEDERSL HWY **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1987 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2776749 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **RUTH KATHY** 1120 S FED HWY Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 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 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 han e of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DECETE 1.1 HELE Change Addition RUTH, KATHERINE E. NAME 1.2 NAME 1120 S FED HWY STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BCH. FL** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY - ST - Z/P DELETE TITLE 3 1 THLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP THILE DELETE 4.1 Tifité Change Addition NAME 4.2 N-ME STREET ADDRESS HEET ADDRESS 439 CITY-ST-ZIP Y - S1 - ZIP TITLE DELETE 511 Change Addition NAME STREET ADDRESS EET ADDRESS CITY-ST-ZIP - ST - ZIP TITLE DELETE 6.1 Change Addition NAME 6.2 STREET ADDRESS EEL ADDRESS CITY-ST-7IP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished further certify that the information indicated on this annual report or supplemental an made under oath, that I am an officer or director of the corporation or the receiver or that my name appears in Block 12 or Brock 13 Juchanged, or on an attachmed with a d does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1

ddress

SIGNATURE:

report is true and accurate and that my signature shall have the same legal effect as if stee empowered to execute this report as required by Chapter 617, Florida Statutes, and 6-6-96 407-734-6397

(96/E)