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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** J63570 HERMAN HALE & ASSOCIATES, INC. Mailing Address Principal Place of Business P.O. BOX 1903 C/O HERMAN HALE & ASSOC. SEBRING FL 33871 104 NE LAKEVIEW DRIVE #2 3a. Date of Last Report 3. Date Incorporated or Qualified SEBRING FL 33870 06/21/1995 03/19/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2865299 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Ζıρ ∐ Yes ∏ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GILLILAN, BEVERLY BRANDO Street Address (P.O. Box Number is Not Acceptable) **B2** C/O HERMAN HALE & ASSOC. 104 NE LAKEVIEW DRIVE #2 83 SEBRING FL 33870 Zip Code 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when revisitating) Signature, typed or pricted nume of registered agent and life if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change 12. Addition DELETE 11 TUTLE PCE0 TITLE CR2E034 1.2 NAME GILLILAN, BEVERLY BRANDO NAME 13 STREET ADDRESS 1708 QUEEN AVE. STREET ADDRESS 14 CHTY - ST-ZIP SEBRING FL Change Addition CITY-ST-ZIP DELETE 2.1 11116 TITLE 2.2 NAME GILLILAN, CARL A. NAME 2.3 STREET ADDRESS 257 CUMQUAT ROAD NW STREET ADDRESS 2 4 CITY - ST - ZIP LAKE PLACID FL Change Addition CITY - ST - ZIP DELETE 31 TITLE TITLE COE 3.2 NAME GILLILAN, BEVERLY B NAME 3.3 STREET ADDRESS 1708 QUEEN AVE. STREET ADDRESS SEBRING FL 34 CITY-ST-ZIP Change Addition CITY - ST-ZIP DELETE 41 INTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fining 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 13 if chapted or pn an effectment with an address 64 CITY - ST - ZIP

NAME OF SIGNING OFFICER OF DIRECTOR

0167868

SIGNATURE: