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 97 MAR 20 PM 3: 01 **DOCUMENT #** J94433 (6)TREES FOR KIDS, INC. Principal Place of Business Mailing Address % THOMAS R. SAWYER % THOMAS R. SAWYER 6550 N FEDERAL HWY #220 6550 N FEDERAL HWY #220 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3a. Date of Last Report 09/24/1987 04/19/1995 2. Principa Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0004432 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 25 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAWYER, THOMAS R. 82 Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HWY #220 FT. LAUDERDALE FL 33308 83 64 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. I hereby accept the appointment as registered agent. Lam fam har with and accept the obligations of Soction 607.0505, Florida Statutes.

NATURE

Signalur: Specific pointed agent and titled applicable. (NOTE: Registered Agent signature required when reinstating)

DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. 12 DELETE Change Addition 1.1 TITLE THEE 0021201517 03/21/97 01106 005 SAWYER, THOMAS R. NAME 12 NAME 6550 N FEDERAL HWY #220 STREET ADDRESS 1.3 STREET ADDRESS ****915.00 ****915.00 FT. LAUDERDALE FL CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAM STREET ADDRESS 2.3 STREET ADDRESS DITY-S1-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAMA STREET ADDRESS 3.3 STREET ADDRESS 3.4 C(TY-ST-Z)P City - \$1 - 745 DELETE Change Addition TILLE 4.1 TITLE NAME 4. 2 NAM€ 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-\$1-269 DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST 7IP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAMô 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certly 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 outh, that I am an efficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0154195