SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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 # (2)J94675 JAMES HIBEL, PH.D., P.A. Mailing Address Principal Place of Business 8259 NORTH MILITARY TRAIL 8259 NORTH MILITARY TRAIL SUITE 7 PALM BEACH GARDENS FL 33410 3a. Date of Last Report 3. Date Incorporated or Qualified PALM BEACH GARDENS FL 33410 06/14/1995 01/01/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0011501 26 21 \$8.75 Additional Suite, Apt # etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032. Country Zip Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HIBEL, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 8259 NORTH MILITARY TRAIL SUITE 7 83 PALM BEACH GARDENS FL 33410 Zip Code 85 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. I hereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE (tuitle. Bug dered Agent signature required when recistating) Styruture Typestick posted numeral registers trage of mid-steat applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 1111.6 TITLE n 1.2 NAMÉ HIBEL, JAMES NAME 9034 GARDENS GLEN CIRCLE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP PALM BCH. GRDNS. FL CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAM8 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4 I TITLE TILLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAMS NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furn, shed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on it's 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 or on an attachment with an address. 96 (407) 626-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: