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 # (2)K01685 MR. FORMAL, INC. Mailing Address Principal Place of Business 2214 N WASHINGTON BLVD 2214 N WASHINGTON BLVD SARASOTA FL 34234 SARASOTA FL 34234 3a. Date of Last Report 3. Date Incorporated or Qualified 11/04/1987 02/22/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0013171 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 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 Zip Country 🗶 Yes 🗌 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HRIC. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 2801 FRUITVILLE ROAD **SUITE 250** 83 SARASOTA FL 34237 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 Fronda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DALE Signatine typics or project came of registered agent and title if applicable (NDTE\_Ringistered Agent signature required when reinst ring) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 8 DELETE 1.11111.6 TITLE PN CR2E034 1.2 NAME NAME MILLER, JACK 2214 N WASHINGTON BLVD 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY - ST - ZIP SARASOTA FL CITY - ST - ZIP DELETE Change Addition 2.1 TiTLE THILE 22 NAME NAME MILLER, DANIEL DOYLE 2.3 STHEET ADDRESS 2214 N WASHINGTON BLVD STREET ADDRESS 2 4 CITY - ST - ZIP SARASOTA FL CITY-ST-ZIP Change Addition DELETE 3.1 1111.8 TITLE 3.2 NAME MILLER, GEORGE GUY NAME 3.3 STREET ADDRESS 2214 N WASHINGTON BLVD STREET ADDRESS 3.4 CITY - \$1 - ZIP Sarasota fl CITY-ST ZIP Change Addition DELETE 4 1 TIFLE TITLE 4.2 NAME SMITH, JACK NAME 2214 N WASHINGTON BLVD 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 O(TY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TINE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CiTY - ST - 7IP CITY-ST-ZIP

14. I do hereby certify 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 oath; that I am an office 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 Flock 13 it planted or graph and address.

SIGNATURE:

SIGNATURE AND VIDEO OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR