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 Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)K05053 JOEL REALTY, INC. Mailing Address Principal Place of Business 2304 S. BABCOCK ST. 2304 S. BABCOCK ST. MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1995 12/04/1987 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2858379 212 WEST SEMINOLE AVE 212 WEST SEMINOLE AVE. 21 \$8.75 Additional Suite Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution FLORIDA 28 MELBOURNE, FLORIDA 8. This corporation has liability for intangible tax under s 199 032 23 MELBOURNE Yes No BREVARD Florida Statutes 32901 25 BREVARD 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name GEILICH, RALPH Street Address (P.O. Box Number is Not Acceptable) 82 703 E. NEW HAVEN AVE **MELBOURNE FL 32902** 83 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, am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 11 TITLE TITLE E034 1.2 NAME ROLL, JAMES M. NAME 13 STREET ADDRESS 741 W. BONNIE CIRCLE STREET ADDRESS 1.4 CITY - S1 - ZIP MELBOURNE FL Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME CAUDILL, BRIAN K. NAME 2 3 STREET ADDRESS 2409 LINEBERRY LANE STREET ADDRESS 2 4 CITY - ST - ZIP MALABAR FL Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 DILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 if changed, or on an attachment with an address 6 4 CITY - ST - ZIP

[JAMES N. Roll] June 18-96 725 AME OF SIGNING OFFICER OR DIRECTOR reasure

0143294

SIGNATURE: