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 Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name (2)K30428 MASTER-TECH EXTERMINATORS, INC. Mailing Address Principal Place of Business 6740 CUSTER ST **6740 CUSTER ST** HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 3a. Date of Last Report 3. Date Incorporated or Qualified 06/09/1995 08/08/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0062066 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. # etc 5. Certificate of Status Desired Fee Required 22 \$5,00 May Be 6. Election Campaign Financing City & State 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 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 CANTRELL, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) **6740 CUSTER ST** 82 HOLLYWOOD FL 33024 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAL SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or prieted name of registered agost and title if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE R2E034 1.2 NAME CANTRELL, LAWRENCE NAME 1 3 STREET ADDRESS 6740 CUSTER ST STREET ADDRESS HOLLYWOOD FL 1.4 CiTY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE 22 NAME CANTRELL, RUBY NAME 2 3 STREET ADDRESS **6740 CUSTER ST** STREET ADDRESS HOLLYWOOD FL 2 4 CITY - ST-ZIP CITY - ST-ZIP Change Addition DELETE 3 1 THILE TITLE 3.2 NAME CANTRELL, MARK NAME 3.3 STREET ADDRESS 6740 CUSTER ST STREET ADDRESS HOLLYWOOD FL 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP DITY-ST-ZIP Change Addition DELETE 6 1 THE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY - \$1 - ZIP 14. If 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 1804 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

8-7-96 954 9858134