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** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)DOCUMENT # K69945 MC INTOSH, SAWRAN & CRAVEN, P.A. Mailing Address Principal Place of Business 500 EAST BROWARD BLVD.: #1800 BROWARD FINANCIAL CENTRE 500 EAST BROWARD BLVD.. #1800 BROWARD FINANCIAL CENTRE 3a. Date of Last Report FORT LAUDERDALE FL 33394 3. Date Incorporated or Qualified FORT LAUDERDALE FL 33394 08/17/1995 02/28/1989 Applied For 4. FEI Number 2a, Mailing Address 2. Principa! Place of Business Not Applicable 65-0104521 26 21 \$8.75 Additional Suite, Apt #, etc Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 intang/ble tax under s 199.032 This corporation has liability for Country Country Źφ Ζıρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MC INTOSH, DOUGLAS M. Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLD, SUITE 1800 **BROWARD FINANCIAL CENTRE** R3 FORT LAUDERDALE FL 33394 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. DATE (NOTE Bi-gistered Agent signature required when relies thing) SIGNATURE Signatine 133 (o or public rapid of registered agent and title if applicante (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12 DELETE TITLE CR2E034 1.2 NAME MC INTOSH, DOUGLAS M. NAME 13 STREET ADDRESS 1078 NW 97 AVE STREET ADDRESS PLANTATION FL 1.4 City - ST - ZIP Change Addition CITY - ST - ZIP DELETE 2 1 TITLE TITLE 22 NAME CRAVEN, ROBERT A. NAME 2.3 STREET ADDRESS 10405 NW 7TH ST STREET ADDRESS 2 4 CITY ST-ZIP PLANTATION FL Change Addition CITY-ST-ZiP DELETE 3.1 THILE THILE 3.2 NAME SAWRAN, JAMES C. NAME 3 3 STREET ADDRESS 2817 NE 24 ST STREET ADDRESS 34 CITY-ST-ZIP FT. LAUDERDALE FL CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIP Change Addition CITY - ST - 2IP DELETE 5.1 TULE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Lido 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 of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Biopt 12 or block 13 if changed or on a fall achieve with an address 6.4 CITY - \$1 7:P

SIGNATURE:

0086373

CP