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.)

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** K87026 JIMMIE L. STEWART, INC. Principal Place of Business Mailing Address 17209 33RD ROAD NORTH 17209 33RD ROAD NORTH LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3a. Date of Last Report 3. Date Incorporated or Qualified 05/10/1989 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0120548 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TEPPS, JEROME L. Street Address (P.O. Box Number is Not Acceptable) 414 NORTHEAST FOURTH STREET 82 FT. LAUDERDALE FL 33301 83 Zip Code 84 City 85 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating Signature, typed or printed name of registered agent 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 **CR2E034** STEWART, JIMMIE L. 1.2 NAME NAME 17209 33RD ROAD NORTH 1 3 STREET ADDRESS STREET ADORESS LOXAHATCHEE FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TIFLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - 7IP CITY - ST - ZIP Add-tion Change DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TiTLE TITLE 5.2 NAME 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 64 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 officer or director 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 Block 12 or Block 13 if changed, or on an attachment with an address CITY-ST-ZIP

7/28/96 407-790-2964