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 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4) Bennett Bovarnick, P.A. Mailing Address Principal Place of Business 2200 CORPORATE BOULEVARD, NORTHWEST 2200 CORPORATE BOULEVARD. NORTHWEST SUITE 303 SUITE 303 **BOCA RATON FL 33431 BOCA RATON FL 33431** 3a. Date of Last Report 3. Date Incorporated or Qualified 10/19/1989 01/18/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3055126 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Zip 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 Name **BOVARNICK, BENNETT** Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BOULEVARD NORTHWEST **B2** SUITE 303 83 **BOCA RATON FL 33431** 85 Zip Code 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Ringlestered Agent signature required when remodating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)OFFICERS AND DIRECTORS 13. 12. DELETE 11TITLE TITLE **CR2E034** 1.2 NAME **BOVARNICK, BENNETT** NAME 2200 CORPORATE BL #303 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Charige Addition DELETE 2.1 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TiTLE T:TLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 21P CITY-ST-ZIP Change Addition DELETE 5.1 1111.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7:P CITY - ST - ZIP Change Addition DELETE 6 1 TiTLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY - ST - 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 1 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaoter 617, Florida Statutes, and that have been considered in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chaoter 617, Florida Statutes, and

on an attachment with an address

SIGNATURE:

that my name appears in Block 12

CITY - ST - ZIP

ER DR DIRECTOR

6/10/94 561-997-6859