


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 CORPORATION ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # L78511 (7) 1. Corporation Name J M C PAINTING, INC. | | | |
| Principal Place of Business 4500 HIATUS RD. #212 SUNRISE FL 33351 US | | Mailing Address 11441 N.W. 46 PLACE 9571 N.W. 25TH COURT SUNRISE FL 33323 US | |
| 2. Principal Place of Business 21 5401 NW 102 Ave Suite, Apt #, etc. #107 City & State Sunrise, FL Zip 33351 Country USA | | 2a. Mailing Address 26 11441 NW 46 Pl Suite, Apt #, etc. City & State Sunrise, FL Zip 33323 Country US | |
| 9. Name and Address of Current Registered Agent CROWELL, JOHN MARK 450 N.W. 87TH TERRACE SUITE 103 PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent 81 Name John Mark Crowell 82 Street Address (P.O. Box Number is Not Acceptable) 11441 NW 46 Pl 83 84 City Sunrise FL 85 Zip Code 33323 | |
| 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 [Signature] DATE 8/1/96 | | | |
| 12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME CROWELL, JOHN MARK STREET ADDRESS 11441 N.W. 46 PLACE CITY-ST-ZIP SUNRISE FL | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME BARRY DARGO 1.3 STREET ADDRESS 11340 NW 45 Pl 1.4 CITY-ST-ZIP Sunrise, FL 33323 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
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| 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. SIGNATURE: [Signature] John Crowell Pres DATE 7/5/96 954-572-2877 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (3/96)