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 ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (0)MARBECCA, INC. Principal Place of Business Mailing Address 1657 PALM HILL DRIVE 1657 PALM HILL DRIVE LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1990 04/06/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3024277 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PONTIUS, LARRY L. 1657 PALM HILL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 City B5 Zip Code 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. SIGNATURE Signature, typed or pention more of regelered agent and tribult approaches (NOTE: Registered Agent signature required when rematating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/8)TITLE DELETE D 111006 Change Addition PONTIUS, LARRY L. NAME 1.2 NAME CR2E034 1657 PALM HILL DR STREET ADDRESS 13 STREE! ADDRESS LONGWOOD FL CITY-ST-ZIP L4 CITY - ST - ZIP TITLE DELETE 21 TIPLE Change Addition NAME 22 NAME STHEET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - 74P TITLE DELETE 3 1 TIFLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 Trifue Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP HILE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY-ST-ZiP 64 CHY - S\* - ZIP 14. I do hereby certify that the information supplied with this filing is vocuntarily 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 angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each, that I am an office or director of the consecution or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blook 126r Blook 136r Blo SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR