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** Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # (1)M05678 MATLOCK ACADEMY, INC. Mailing Address Principal Place of Business 2491 HOMEWOOD ROAD 2491 HOMEWOOD ROAD WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3a. Date of Last Report Date Incorporated or Qualified **09/26/1984** 08/08/1995 Applied For FEI Number 2a. Mailing Address 59-2462492 Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 21 Suite, Apt. #. etc. Certificate of Status Desired Fee Required Suite, Apt #, etc. 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees City & State Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032, 28 23 Country Ζıρ Yes 🔲 No Country Ζıp Florida Statules 30 Name and Address of New Registered Agent 29 25 24 9. Name and Address of Current Registered Agent 81 Name GRAD, DAPHNE Street Address (P.O. Box Number is Not Acceptable) 82 1844 EVERGREEN DR. WEST PALM BEACH FL 33406 83 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE Supporture it was the project former of requirement argent and the cult appearator OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 [1][[8] CR2E034 TITLE 1.2 NAME GRAD, DAPHNE NAME 13 STHEET ADDRESS 1844 EVERGREEN DRIVE STREET ADDRESS Change Addition 14 CHY - ST-ZIP W. PALM BEACH FL CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2 ? NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY - ST - 216 Change Addition CITY - ST - ZIF 3.1 T:TLE DELETE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5 1 TILLE TITLE 5.2 NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7/2 Change Addition CITY-SI-ZIP DELETE 6 1 TIFLE TITLE 6.2 NAME 63 STREET ADDRESS 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify 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 plan attachment with an address STREET ADDRESS

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

7.31.96 687-033