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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M64524** **(5)**

1. Corporation Name

ERROR NOT CORPORATION

Principal Place of Business	Mailing Address
3200 N. FEDERAL HWY., #120 BOCA RATON FL 33431	3200 N. FEDERAL HWY., #120 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 01/13/1988
3a. Date of Last Report: 02/17/1995
4. FEI Number: 65-0029193 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 860 Nafa Drive	26 860 Nafa Drive
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33487 · Country 25 US	Zip 29 33487 · Country 30 US

9. Name and Address of Current Registered Agent

GIFFIN, WILLIAM R.
3200 N. FEDERAL HWY., #120
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Giffin, William R.
82 Street Address (P.O. Box Number is Not Acceptable): 860 Nafa Drive
83
84 City: Boca Raton FL 85 Zip Code: 33487

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: William R. Giffin — 2/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIFFIN, WILLIAM R.	1.2 NAME	
STREET ADDRESS	860 NAFA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIFFIN, KATHLEEN	2.2 NAME	
STREET ADDRESS	860 NAFA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	D [X] Change ☐ Addition
NAME	ENNIS, TROY	3.2 NAME	Ennis, Troy
STREET ADDRESS	3200 N. FEDERAL HWY., #120	3.3 STREET ADDRESS	860 Nafa Drive
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D [X] DELETE	4.1 TITLE	D ☐ Change [X] Addition
NAME	BUTLER, WAYNE	4.2 NAME	Sales, Armando
STREET ADDRESS	3200 N. FEDERAL HWY., #120	4.3 STREET ADDRESS	860 Nafa Drive
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Kathleen A. Giffin — 2-18-96 — 561-997-7742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Phone Number

CR2E034 (3/96)

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