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 96 SEP 30 MM 10: 45 ANNUAL, REPORT Secretary of State DIVISION OF CORPORATIONS 1996 SECHE ANA SHEET AND THE DUCUMENT # M81635 ACCREDITED FINANCIAL ACCOUNTING, INC DOCUMENT # Mailing Address Principal Place of Business 2430 SHADOWLAWN De. 57E.7 NAPLES, FL. 341/2 3a. Date of Last Report 3. Date incorporated or Qualified 2a. Mailing Address Applied For 2. Principal Place of Business 65-0045139 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has tiability for intangible tax under s. 199.032 Country Country $Z \cdot O$ Zip Yes No Florida Statutes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GLENN A. MORTON 81 Name 2430 SHADOW CAWN DR. #17 Street Address (P.O. Box Number is Not Acceptable) 62 NAPLES, FL 34112 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. - DAIN SIGNATURE (FD)E. For price of Agent signative required when revistating) Suprature transfer provide a number of treat desert agreed and for integral mode. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. GLENN A. MORTON BY 2430 SNADOWLAWN DR #7 11 TITLE P \$ \$ DELFTE TITLE P.V E. FRANCES MORTON 2430 SINADOW CAWN DX 1.2 NAME NAME NAPLES, FL 34112 1.3 STREET ADDRESS NAPLES, FL. 341/2 STREET ADDRESS 1.4 CITY - S1 - ZIP CITY-ST-ZIP Com I Addition DELETE 21 TITLE TITLE 2.2 NAME 300001945463 NAME -09/12/96--01030--003 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY ST-2IP *****35.00 *****35.00 CITY-ST-ZIP Addition DELETE 3.1 DTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP SICICION SA Change Addition DELETE 4.1 TITLE TITLE 4-2 NAME NAME -10/03/98 --01013 --002 4.3 STHEET APIDRESS *****26.25 *****26.25 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 IIILE THILE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change ___ Adddon DELETE 61 TITLE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - ST - 20P CITY-SI-ZIP I do hereby certify that the information supplied with this fring 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 or an attachment with an address 9-10-96 941-175-8588

SIGNATURE: (