| SECOND NOTICE: CORPORATION WILL BE DISSOLVED UN ON AFTER ACCORDANCE: \$236.25.) INT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | | |
|--|--|---|--|--|--|---------------------|--------------------------------|---|
| OCUME Corporation Name CONCERI | NT # N26846 NED CITIZENS LEAGUE (| • • | | | | | | |
| ainal Blace of B | e senies | Mailing Address | | | ; { | a secret didition a | (BM BION Aron | |
| ncipal Place of Business Mailing Address 701 HILLPOINT WAY BRANDON FL 33510 | | | | | | | | |
| RANDON FL 3351 | 10 | BHANDON PE 20210 | MANAGOR PE 80010 | | 3. Date Incorporated or Qualified 3a. Date of 06/08/1988 08 | | f Last Report 3/10/1995 | |
| | | 2a. Mailing Address | | | 4. FEI Number | | | ed For |
| Principal Place | | 26 Suite, Apt. #, etc. | | | 59-2953355 5. Certificate of Status Desired | | 8.75 Add | |
| Suite, Apt. #, et | C. | 27 | | | | | \$5.00 M | |
| City & State | <u></u> | City & State | | | Election Campaign Financing Trust Fund Contribution | | Added to | Fees |
| | Country | 28 Zip | Country | | 8. This corporation has liability for | intangible tax | under s. 19 | 99.032, |
| Zip | Country 25 Name and Address of Current | 29 | 30 | | Florida Statutes 10. Name and Address of New Re | | | |
| BRANDO | POINT WAY N FL 33510 | 83 84 City | | • | prporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | | | |
| Pursuant to to | he provisions of Sections 617.0502 stered agent, or both, in the State | 2 and 617.1508, Florida Statut of Florida. Such change was a tions of Section 617.0503. Florida | authorized by the C | orporati | on's board of directors. I hereby acce | от гле арронч | ITION GS 109 | giator 0 o |
| agent I am I | familiar with, and accept the obliga | Mons of, Section of Floor | Onda Statules. | | | | | |
| | mature, typed or printed name of registered age | nt and title if applicable (NO | TE Registered Agent sig | | | DATE | DIRECTORS | S IN 12 |
| GNATURE | nature, typed or printed name of registered age OFFICERS AN | nt and title if applicable (NO | TE Registered Agent sig | | | DATE | | |
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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(5)(6). Printed statistics turther 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 turther certify that 1 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:

| Dayline Phone |