SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8) **DOCUMENT #** BAY AREA HEARTS OF GOLD, INC. Mailing Address Principal Place of Business P.O. BOX 10247 P.O. BOX 10247 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1989 07/07/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2939389 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 26 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip. Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, VERNELL 62 4327 14TH AVENUE S 83 ST. PETE FL 33711 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE INOTE Registered Agent signature required w Signature typed or printed name of registered agent and little if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E037 SHERROD, EULA 1.2 NAME NAME 600 NEWTON AVE., SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 14 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE CONAGE, ALFRED 2.2 NAME NAME 2 3 STREET ADDRESS 4327 14TH AVENUE S STREET ADDRESS ST. PETE FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE SD 3.1 TITLE TITLE YOUNG, VERNELL 3.2 NAME NAME 3 3 STREET ADDRESS 4327 14TH AVENUE S STREET ADDRESS ST. PETE FL 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE m TITLE WADZA VINSON BALWIN, ROSA 4. 2 NAME NAME Alhambra Way So PETE FI 33705 4.3 STREET ADDRESS 3437 17TH AVE. S. STREET ADDRESS ST. PETERSBURG FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change COD DELETE 5.1 TITLE FCD TITLE WITCHARD, HENRIETTA 5 2 NAME NAME 2435 3RD AVENUE S 5.3 STREET ADDRESS STREET ADDRESS ST. PETE FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I 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 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 6.4 CITY - ST - ZIP

SKORMOURE REQUIRED

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SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: