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 **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # P37403 (3)CHARLES HEARN ENTERPRISES, INC. Mailing Address Principal Place of Business 13480 NE 6 AVE., #111 13480 NE 6 AVE., #111 NORTH MIAMI FL 33161 **NORTH MIAMI FL 33161** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/07/1992 05/01/1995 4. FEt Number Applied For 2a. Mailing Address 2. Principal Place of Business 52-1625954 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for infangible tax under s. 199 032 Country Ζιρ Ζŧρ Yes X No 30 Florida Statutes 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HEARN, CHARLES 13480 NE 6 AVE., #111 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI FL 33161** R3 84 City 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstiting) Signature, typed or ponted came or registered agent and life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. DELETE L1 THLE TITLE CR2E034 HEARN, CHARLES A. 1.2 NAME NAME 13480 NE 6 AVE., #111 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Adoition DELETE 2 1 TETLE TITLE HEARN, DOROTHY M. 2.2 NAME NAME 409 W. 7 STREET 2.3 STREET ADDRESS STREET ADDRESS LAUREL DE 2 4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE Dĭ TITLE DODSON, CAROLYN H. 3.2 NAME NAME 817 BALDWIN DRIVE 3.3 STREET ADDRESS STREET ADDRESS WESTBURY NY 34 CHY-SI-ZIP City-ST-ZIP Change Addition DELETE 4.1 THLE TITLE HEARN, WILLIAM N. 4.2 NAME NAME 400 N. DUPONT HWY 4.3 STREET ADDRESS STREET ADDRESS DOVER DE 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TrILE TITLE 5.2 NAME NAME 53 STREET AUDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - S1 - ZIP 100001918691^{thange} Addition -08/12/96--01009--030 DELETE 6.1 TOTALE TITLE 62 NAME NAME 6.3 STREET ADORESS ***225.00 STREET ADDRESS 64 City - St - ZIP 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 1 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 it 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 have been seen as the second of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 8/5/96 305.899.0327 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address Marler G. He arm
INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES A. HE ARM