SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000014882 (3) SANCTUARY ENTERPRISES, INC. Mailing Address Principal Place of Business POST OFFICE BOX 501268 109 COCOPLUM DR **MARATHON FL 33050-1268** 3a. Date of Last Report 3. Date Incorporated or Qualified MARATHON FL 33050 02/26/1993 07/25/1995 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business Not Applicable 65-0395790 26 21 \$8.75 Additional Suite, Ant. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Z_{ip} Country Zip Yes No Florida Statules 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TARNOWSKI, JOHN J Street Address (P.O. Box Number is Not Acceptable) 109 COCO PLUM DR STE 302 MARATHON FL 33050 83 Zio Code 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GATE SIGNATURE Signature, superfloring to the concept registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE 1.2 NAME TARNOWSKI JOHN J. 1.3 STREET ADDRESS P.O. BOX 501268 N/A STREET ADDRESS 1.4 CITY S1-ZIP MARATHON FL 33050 Charige Addition CITY-ST 2IP DELETE 2.1 TITUE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - \$1 - ZiP Change Addition CITY-ST-ZIP DELETE 3 1 THE. TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY-ST- 2IP CITY - S1 - ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE € 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP by is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I foorly or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it portion or the receiver or trustee empowered to execute this report as Jequired by Chapter 617, Florida Statutes, and CITY - ST - ZIP 14. Ido hereby certify that the information supplier further certify that the information indicated made under oath, that I am an office or drift that my name appears in Block it or block.

on an attachment with an address

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

0147560