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 ANNUAL REPORT Secretary of State **1996**7-10-96 TIMESON PASCORPORATIONS DOCUMENT # P93000022240 (4) GEORGE K. BODFISH, INC. Principal Place of Business Mailing Address 138 FIFTH AIL 138 FIFT # 416 HS SOUTH MIRAMAR AVENUE INDIATLANTIC FL 32903 INDIATLANTIC FL 32903 3. Date incorporated or Qualified 3a. Date of Last Report 03/22/1993 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3169013 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zφ Country 8. This corporation has hability for intangible tax under s. 199 032. 24 25 29 30 Yes No Fionda Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BODFISH, GEORGE K TIS SOUTH MIRAMAR AVENUE 138 FIFFE AND 82 Street Address (P.O. Box Number is Not Acceptable) INDIATLANTIC FL 32903 83 84 Crty 85 Zip Code FL 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. SIGNATURE Signature, typical or pointed name or registered agent and title it applicable (NOTE: Beyestered Agreet signature required when relativisting): 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)THLE **PVST** DELETE 1.1 III. F Change Addition NAME BODFISH, GEORGE K 1.2 NAME CR2E034 STREET ADDRESS 138 5TH AVENUE 13 STREET ADDRESS CITY-ST-2IP INDIALANTIC FL 14 CiTY - ST - 7/P TITLE DELETE 21 TITLE Change Addition NAME BODFISH, GEORGE K STREET ADDRESS 138 FIFTH AVENUE 2.3 STREET ADDRESS CITY - ST - ZIP INDIALANTIC FL 2 4 C/TY - \$1 - ZIF TIFLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS City-St-7iP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTY - ST - Z-P TITLE DELETE 5.1 http:// Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHTY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 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 endpowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 if chapter 617. Florida Statutes, and IISIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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