SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000026144 (4) IMPERIAL FLOOR SERVICES INC. Principal Place of Business Mailing Address 36613 US 19 36613 US 19 PALM HARBOR FL 34684 PALM HARBOR FL 34684 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3173529 Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOETZ, ROBERT 36613 US 19 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 84 City SIGNATURE

Zip Code 65 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 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, and accept the obligations of Section 607.0505. Florida Statutes. Signature, typical or protect carried of regulated agent and so if appropria (NOTE: Registered Agent's grutore required when relieving 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1.1 TITLE Change Addition **GOETZ, ROBERT** NAME 1.2 NAME CR2E034 36613 US 19 STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CHY - ST - ZIF TITLE **VPS** DELETE 2.1 TIE. F Change Addition NAME GOETZ, CARMEN 2.2 NAME 36613 US 19 STREET ADDRESS 23 STREET ADDRESS PALM HARBOR FL CITY - ST - ZIP 2 4 CHY - \$T-7P TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIF 34 CILY - ST - ZIP TITLE DELETE 4.1 TELE Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 I TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - Z:P TITLE DELETE 61 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CHTY - ST- ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fronda Statutes 1 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and attachment with an address

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED O NAME OF SIGNING OFFICER OR DIRECTOR 8139439066

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

03/30/1995

Yes No