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 CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028592 (2)

1. Corporation Name

TOMMKIN ENTERPRISES, INC.

Principal Place of Business
5300 N. POWERLINE RD.
SUITE 208
FT. LAUDERDALE FL 33309

Mailing Address
5300 N. POWERLINE RD.
SUITE 208
FT. LAUDERDALE FL 33309

2. Principal Place of Business
21 1839 S. Dixie Hwy.
Suite, Apt #, etc.
22
City & State
23 Pompano Beach, Fl.
Zip 24 33060 Country 25 USA

2a. Mailing Address
26 1839 S. Dixie Hwy.
Suite, Apt #, etc.
27
City & State
28 Pompano Beach, Fl.
Zip 29 33060 Country 30 USA

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 05/12/1995
4. FEI Number: 65-0404523 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes XX No

9. Name and Address of Current Registered Agent

PEDEN, THOMAS E
5300 N. POWERLINE RD.
STE. 205C
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1839 S. Dixie Hwy.
84 City Pompano Beach FL 85 Zip Code 33060

11. Pursuant to the provisions of Sections 607.0502 or 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 617.0505, Florida Statutes.

SIGNATURE [signature] THOMAS E PEDEN 07-18-96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	PEDEN, THOMAS E	
STREET ADDRESS	1800 S. OCEAN DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	[✓] DELETE
NAME	MANNING, ALBERT ANTHONY	
STREET ADDRESS	457 SW 28 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [✓] Addition
1.2 NAME	John W. Miller	
1.3 STREET ADDRESS	1505 N. Riverside Dr. #505	
1.4 CITY-ST-ZIP	Pompano Beach, Florida 33062	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), Florida Statutes. I 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 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.

SIGNATURE: [signature] THOMAS E PEDEN 7-18-96 954 946-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)