SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris ANNUAL REPORT Secretary of State COULTS AM 9:01 1999 DIVISION OF CORPORATIONS MARKY OF STATE DOCUMENT # P93000038401 SENSATIONS OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 337 E. INDIANTOWN RD. 337 E. INDIANTOWN RD. SHITE 14 SHITE 14 JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1993 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0414392 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6, Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Personal Property. 24 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 ROORK, JAY V Street Address (P.O. Box Number is Not Acceptable) 82 337 E. INDIANTOWN RD. SUITE 14 83 JUPITER FL 33477 84 Crty 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE \overline{PD} 1.1 TITLE DELETE ☐ Change ☐ Addition ROORK, JAY V NAME 1.2 NAME 600002946666---5 STREET ADDRESS 337 E. INDIANTOWN RD., #14 13 STREET ADDRESS -07/30/99--01118--020 Jupiter FL 33477 CITY-ST-ZIP 1.4 CITY-ST-ZIP ****550,00 ********\$5<u>0.00</u> VTD TITLE DELETE 21 TITLE Change Addition BAVIENSI, JOSEPH NAME 2 2 NAME 337 E. INDIANTOWN RD., #14 2 3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITL€ Change Addition NAME STREET ADORESS 3 3 STREET ADORESS CITY-ST-ZIP 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-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6 1 TITLE DELETE Change Addition NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

see 1 Kook- Tree

6/30/99 743-933