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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000044333 (1) **DOCUMENT #** TAMARAC GAS INC. Mailing Address Principal Place of Business 7001 NE 8TH DR 5755 NW 788TH AV **BOCA RATON FL 33487** TAMARAC FL 33321 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1993 04/10/1995 Applied For **FFI Number** 2a. Ma ling Address Principal Place of Business Not Applicable 65-0422255 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Suite. Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State Etection Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country $Z_{i}p$ Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HARMAN, WILL Street Address (P.O. Box Number is Not Acceptable) 82 7001 NE 8TH DR **BOCA RATON FL 33487** Zip Code 85 City 84 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. If am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. [igh] (fig.1) Fegistered Agos Esignature required when the starting if SIGNATURE Segmented that the present rank of registers a agent and trie Tappic above (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE THE CR2E034 1.2 NAME HARMAN, WILL NAME 1.3 STREET ADDRESS 7001 NE 8TH DR STREET ADDRESS 14 CITY-ST 7:P **BOCA RATON FL 33487** CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - ST - ZiP CITY - ST - ZIP Change Addition DELETE 3 1 11/1.8 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAMS NAME 4.3 STHEFT ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-Z-P Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - 7IP CITY - ST - ZIP Change Addition DELETE 6 11/11 TITLE 6.2 NAME NAME 6.3 STHEET ADDRESS STREET ADDRESS 64 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). Frorida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that niy significant 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 for on an attachment with an address

Common Will HALMAN Pres.

0095511

SIGNATURE: