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 DIVISION OF CORPORATIONS **DOCUMENT #** P93000050939 (6) DAN'S SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address 840 7TH ST., NW 840 7TH ST., NW NAPLES FL 33964 NAPLES FL 33964 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1993 03/16/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0438878 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIELS, DAN 840 7TH ST., NW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 83 84 City 85 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 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, typeo or priote incliner of registered agent and site if applicable (NOTE: Registered Agent's greature required when reinstaling) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DFLETE **PVST** i 1 IIILE Change Addition છે. NAME DANIELS, DAN 1.2 NAME **CR2E034** 840 7TH ST., NW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33964 CITY-ST-ZIP 14 CHY-ST ZIP DILE DELETE 21 Table Change Addition NAME 2.2 NAME STREET ADORESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Add-tron NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TIFLE 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 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP S 4 CiTY-ST ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY - ST. ZIP 14. Ido hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 mystor 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 3 if chapted or on an attachment with an address.

SIGNATURE:

SIGNATURE MADDED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/7/96 941-455-6894