SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 OCT 21 AM 11: 35 DIVISION OF CORPORATIONS DOCUMENT # P93000052603 (6) SECRETARY OF STATE TALLAHASSEE, FLORIDA HERCO ENTERPRISES, INC. Mailing Address Principal Place of Business 7400 FIRST AVENUE SOUTH 160-2ND AVE ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE PETERSBURG FL 33701 3. Date Incorporated or Qualified 07/21/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 7400 26 59-3197543 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 ST. Petrosy Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible 0.5. Personal Property Tax due June 30. ___ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEROLD, CHARLES D 7400 (I AM 50 -100 2ND AVE-S 82 Street Address (P.O. Box Number is Not Acceptable) -STE 105 83 33707 ST PETERSBURG FL-83701 84 City Zip Code 85 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 outs and secept the obligations of section 607.0505, Florida Statutes. SIGNATURE registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE DELETE Dennifer Herold HEROLD, CHARLES D 1.2 NAME NAME 7400 123 Aug 50. 7400 FIRST AVE. S. STREET ADDRESS 1.3 STREET ADDRESS 27. Petersburg ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE HEROLD, DEBORAH 2.2 NAME NAME **600002674276--**-10/28/98--01047--004 7400 1ST AVE S 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ***** 5 (1) (1) Change I Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE ___ Change 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CTTY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition DELETE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 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 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 dath; that I am 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

REQUIRED

CR2E034 (5/98)