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 # P93000057298 (0) BIG "O" FLEET, INC. Mailing Address Principal Place of Business 3751 N.W. 115TH WAY 3751 N.W. 115TH WAY **CORAL SPRINGS. FL 33065** CORAL SPRINGS, FL 33065 3a. Date of Last Report 3. Date Incorporated or Qualified 08/16/1993 12/29/1995 2a. Mailing Address 4. FEI Number Applied For Principa! Place of Business Not Applicable 65-0435093 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Gamma$ Added to Fees 28 Trust Fund Contribution 23 This corporation has liability for intangible tax under s 199 032 Florida Statutes [] Yes [ No Country Zip 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRATTS, OSCAR 82 Street Address (P.O. Box Number is Not Acceptable) 3751 N.W. 115TH WAY CORAL SPRINGS FL 33065 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the curpose of changing its registered office or registered agent, overtile, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11 THILE E034 PRATTS, OSCAR 1.2 NAM5 NAME 3751 NW 115TH WY APT 5 1.3 STREET ADDRESS STREET ADDRESS CORAL SPGS FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2 4 CITY \$1 - 7 IP CITY - ST-ZIP Change Addition DELETE 3.1 ]1][[8 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 DILE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CiTY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 THILE DITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHTY - ST - ZIP 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). Florida Statutes I further certify that the information policated 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 13 of Slock 13 if changed or on an attachment with an address

SIGNING OFFICER OR DIRECTOR