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 P93000062658 (8) **DOCUMENT #** THE PONDWATER GROUP, INC. Principal Place of Business Mailing Address 1711 N STATE ROAD 7 1711 N STATE ROAD 7 SUITE G SUITE C MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1993 08/01/1995 2. Principal Place of Business Mailing Address 4 FELNumber Applied For 21 26 65-0447912 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE H SUITE 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Z_{1D} Country 8. This corporation has liability for intangible tax under si 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STILLWELL, FRANCES M 1711 N. STATE RD. 7 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or purified name of regenered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TIFLE DELETE 1 1 TITLE ___ Change ___ Addition NAME STILLWELL, FRANCES M 1.2 NAME CR2E034 17626 FOXBOROUGH LN STREET ACCRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY - ST - ZIP 14 CITY - ST - 7IP TITLE DELETE 21 TIFLE Change Addition NAME STILLWELL, CHARLES 22 NAME 3651 NE 58TH ST. STREET ADDRESS 2.3 STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 THILE Change Addition NAME STILLWELL, ROBERT J. 3.2 NAME 17626 FOXBOROUGH LANE STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 3 4. CITY - ST - ZIP TITLE S DELETE 41 TITLE ____ Change ____ Addition NAME FITZGERALD, CYNTHIA 4 2 NAME STREET ADDRESS 1060 GORSON DR. 4.3 STREET ADDRESS CITY-SI-ZIP WARMINSTER PA 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - 7:P TtTt F DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes 1 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 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, or on an attachment with an address. SIGNATURE: Transes X 1 Frances M. Stillwell
NTED NAME OF SIGNING OFFICER OF DIRECTOR 6/13/96 954-919-0992