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.) **■**LORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000070050 (8) THE FINANCIAL HOUSE, INC. Principal Place of Business Mailing Address 4121 47TH AVE. 6488 MIAMI LAKES DR. E. **SUITE 1309** MIAMI LAKES FL 33014 DAVIE FL 33314 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1993 05/01/1995 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0479616 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zio Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BURTON, GERALD K 4- Delana 160 S.W. 12TH AVE. 82 MINMI LAKES SUITE 109 83 **DEERFIELD BEACH FL 33442** Zip Code 84 City 85 33014 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, it am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. **SIGNATURE** (NGTL Hogiste ed Agent signature required whold rematating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (3/36)DELETE TITLE 1.1 TITLE Change Addition HOUSE, COL. A.T. NAME 1.2 NAMÉ E034 6488 MIAMI LAKES DR. E. 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 14 CHY-ST ZIP DVP Change Addition TITLE DELETE 21 TITLE kinson, c**h**ris 22 NAME NAME ALC ROAP STREET ADDRESS 2.3 STREET ADDRESS MASS. 02360 CITY-ST-ZIP 2 4 CITY - \$1-ZIP DELETE Change Addition TITLE 3 1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 34 CITY - ST - ZIP Change Addition DELETE TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP 10000192287f^{hange} U -08/15/96--01015--029 DELETE TITLE 6 1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADORESS ***225.00 CITY-ST-ZIP 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). Florida Statutes 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 outri; 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

(305) 352-9386

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

-4 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR