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 #**1. Corporation Name P93000079334 (7) TWIN COMICS & CARDS, INC. Principal Place of Business Mailing Address 420 MARVIN STREET 1420 MARVIN STREET ONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1993 08/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3211460 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 Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAZMAREK, MICHAEL R 1420 MARVIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 64 City 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. Thereby accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or portical name of registered agent and title diapplicable (NOTE Regulated Agent signature required when rein Unitig) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) THLE DELETE E E BUTLE Change Addition NAME KAZMAREK, MICHAEL R 1.2 NAME E034 STREET ADDRESS 1420 MARVIN STREET 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 1.4 CITY - ST - ZIF TITLE DELETE 21 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST- ZIP TIFLE DELETE 3.1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CHTY - ST - ZIP TITLE DELETE 5.1 BITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STHEFT ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP THEF DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 1 further certify that the information invigited on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in 843-12 or 845-13 Fedringed or on an attachment with an address

SIGNATURE:

MICHAEL KAZMAREK 7-1-96 40-834-1552