SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000079548 (2) SUNSTATE INTERNATIONAL, INC. Mailing Address Principal Place of Business 117 F. 21ST 117 E. 21ST RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1994 06/08/1995 4. FFI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0457976 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Zip Country Zın Yes 🔲 No 29 30 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BI Name HERMANEK, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 117 E. 21ST **RIVIERA BEACH FL 33404** 83 Zip Code 84 City 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required whi en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE CR2E034 HERMANEK, MICHAEL F 1.2 NAME NAME 117 E. 21ST 13 STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 14 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY - ST - ZIF Change Addition DELETE 3 1 11TLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-S! ZiP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 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 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 13 if changed, or on an attachment with an address (President) 1.20-96 (407)840-7425

City-St-7(P