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 CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000084938 (8) NA - JO, INC. Principal Place of Business Mailing Address 248 SW AVE "E" 248 SW AVE "E" **BELLE GLADE FL 33430** BELLE GLADE FL 33430 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0452107 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired \Box Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zio Country Zip 8. This corporation has fiability for intangible tax under s. 199 032 Yes No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARD L. HEFFERNAN, P.A. 2911 E MAIN ST R2 Street Address (P.O. Box Number is Not Acceptable) PAHOKEE FL 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOFE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change Addition TITLE RANDALL, PATRICIA M NAME 1.2 NAME 12230 68TH ST N STREET ADDRESS 13 STREET ADDRESS **ROYAL PALM BEACH FL 33412** CITY-ST-ZIP 14 CHY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE PINNOCK, KENNETH L NAME 2.2 NAME 12230 68TH ST N STREET ADDRESS 2 3 STREET ADDRESS **ROYAL PALM BEACH FL 33412** CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME. 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TILLE NAME 6.2 NAME

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 Statules, 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 legative feet 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

NINTED NAME OF SIGNIN

6-26-96 407-996-2305

(3/3/6)