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.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name P93000085460 (2) WOLF CABINET SERVICE, INC. Mailing Address Principal Place of Business P.O. BOX 174 8363 EAST STARK LANE FLORAL CITY FL 34436 FLORAL CITY FL 34436 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 12/10/1993 Applied For 4. FEI Number Not Applicable 59-3216075 2. Principal Place of Business \$8.75 Additional 21 5. Certificate of Status Desired Fee Required Suite, Apt # elc 27 \$5.00 May Be 22 6. Election Campaign Financing Added to Fees City & State Trust Fund Contribution This corporation has liability for intangible tax under s. 199 032 23 Yes No Country 7ın Florida Statutes 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent Name WOLF, JOHN R Street Address (P.O. Box Number is Not Acceptable) 82 8363 EAST STARK LANE FLORAL CITY FL 34436 83 Zip Code 85 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 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. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DAIE INOTE Bug stated Agent signature required when renstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature type size prior in common regilivered byent and their appointure 13. OFFICERS AND DIRECTORS Change Addition New ADDROS 12. Wolf John R 8095 E Wolf GANG COURT AT 8095 E WOLF GANG COURT AT 1 Change | Change | Change | 1 1 TiTUE DELETE THLE 1.2 NAME WOLF, JOHN R NAME 1 3 STREET ADDRESS 7709 WEST TROPICAL LANE STREET ADDRESS 1.4 City - ST- ZIP HOMASASSA FL 34448 CITY-ST-ZIP DELETE 21THiE TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3.1 1111.6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - SI - ZIP Change Addition CITY - \$1 - 71P DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51.1011.6 TITLE 5.2 NAME NAME 5 3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 of 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 own attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

made under oath, that i are all office to Block 13 if changed, or on that my name appears in Block 12 or Block 13 if changed, or on