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 P93000087970 (8) **DOCUMENT #** J.J. FLANAGAN ASSOCIATES INC. Principal Place of Business Mailing Address 1100 S.E. 10TH STREET 1100 S.E. 10TH STREET DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0254112 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 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 FLANAGAN, JAMES 1100 S.E. 10TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 84 City Zip Code 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. Thereby accept the appointment its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Fiorida Statutes. SIGNATURE Signature: typed or prorest has ellaf regestered agent a left till if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 1.1 TiTLE Change Addition FLANAGAN, JAMES J NAME 1.2 NAME **CR2E034** STREET ADDRESS 1100 S.E. 10TH STREET 1 3 STREET ADDRESS DEERFIELD BEACH FL CiTY - ST - ZIF 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TrTuF Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 OITY - ST 7:P TIFLE DELFTE 3.1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST ZIP TITLE DELETE 4.1 100 E Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY ST-7(P) DELETE TITLE 51 THILE Change \_\_\_\_ Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6 1 TITLE Change Addition NAME **600001872:956** -06/24/96--01029--022 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF \*\*\*225.00 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 it 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 chapter 617, and attachment with an address. J. FLANAGAN c/5/90

SIGNATURE AND

SIGNATURE: