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 DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000007904 (3) ROI WORLD EQUIPMENT, INC. Principal Place of Business Mailing Address 6812 HANGING MOSS RD. 6812 HANGING MOSS RD. ORLANDO FL 32807 ORLANDO FL 32807 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 01/10/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3229456 26 21 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution This corporation has liability for intengible tax under s. 199 032 Country Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PIERCE, JERRY E Street Address (P.O. Box Number is Not Acceptable) 82 2171 SHARON PLACE WINTER PARK FL 32789 R3 Zip Code 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, I am farfuller with, and accept the obligations of section 607,0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) DIRECTORS OFFICERS AND 13. 12. Change Addition DELETE TITLE 1.2 NAME PIERCE, JERRY E NAME 1.3 STREET ADDRESS 2171 SHARON PLACE STREET ADORESS 1.4 City - ST - ZiP WINTER PARK FL 32789 CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- 7IP CHTY-ST-ZIP Change Addition DELETE 3.1 TiTLE TITI E NAME 3.3 STREET ADDRESS STREET ADDRESS 34 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change ____ Addition CITY - ST - ZIP DELETE 5 1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change ____ Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 City - ST- ZIP ling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fiorida Statutes I alreport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if proration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and Lor on an attachment with an address CITY-ST-ZIP 14. I do hereby certify that the information supplied with this further certify that the information indicated on this product of the commade under oath, that I am an officer or director of the commander oath.

SIGNING OFFICER OR DIRECTOR

that my name appea

SIGNATURE: