

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.)

FILED

96 JUL -5 PM 1:54

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

SH 7/8



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025310 (1)
 1. Corporation Name
FLORIDA COMPOSITES, INC.

Principal Place of Business 747 NE ALICE JENSEN BEACH FL 34957	Mailing Address 747 NE ALICE JENSEN BEACH FL 34957
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3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 09/18/1995
4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. <i>P.O. Box 212</i>
22. City & State	27. Suite, Apt. # etc
23. Zip	28. <i>STUART, FL</i>
24. Country	29. <i>34995</i>
25. Country	30. <i>USA</i>

9. Name and Address of Current Registered Agent SHERLOCK, VIRGINIA 1855 S. KANNER HWY STUART FL 34994	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLE, GARY	1.2 NAME	
STREET ADDRESS	887 NE DIXIE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34959	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	P JUDITH KRAVITZ
STREET ADDRESS		2.3 STREET ADDRESS	P.O. 212
CITY - ST - ZIP		2.4 CITY - ST - ZIP	STUART FL, 34995 <i>N/A</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P PETER MURRAY
STREET ADDRESS		3.3 STREET ADDRESS	P.O. 212 <i>N/A</i>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	STUART FL 34995
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	300001886-463
STREET ADDRESS		4.3 STREET ADDRESS	-07/08/96-01039-026
CITY - ST - ZIP		4.4 CITY - ST - ZIP	****225.00 ****225.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith Kravitz* **2/3/96** **407-221-7742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)