SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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 **DOCUMENT #** P94000046284 (3) JENKINS & REY INC. Principal Place of Business Mailing Address 3827 E LAKEVIEW BLVD 3827 E LAKEVIEW BLVD **COCOA FL 32926** COCOA FL 32926 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1994 07/18/1995 2. Principal Piace of Business 2a. Mailing Address Applied For 21 26 59-3247407 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 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 JENKINS, RUBY 3827 E LAKEVIEW BLVD Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32926 63 84 City 85 Zip Code FL 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pinted name of registered agent and title if applicable (NOTE Registerious Agent signature required when reinstating) FIATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) TITLE DELETE 11 TITLE Change Addition NAME JENKINS, RUBY 1.2 NAME STREET ADDRESS 3827 E LAKEVIEW BLVD 1.3 STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP 14 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 21P TITLE DELETE 6.1 TITLE Change Addition NAME 62 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 of flock 13 if changed, or on an attachment with an address.

SIGNATURE:

SCHATURE AND PED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR

6-18-94

639-6040 Dayton Prince #