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 DOCUMENT # P94000057474 (6) D & V INVESTMENTS, INC. Principal Place of Business Mailing Address 120 ROCK LAKE RD 120 ROCK LAKE RD. LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1994 07/11/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3266209 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 Ζιρ Country Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B**1 Name TICKAL, MAUREEN 120 ROCK LAKE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 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 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, typied or printed curve of registered agent and title if applicable (NOTE: Registered Agent signature required when reliating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE **PVPT** DELETE 1.1 TITLE Change Addition NAME TICKAL, MAUREEN 1.2 NAME STREET ADDRESS **CR2E034** 120 ROCK LAKE RD. 13 STREET ADDRESS CITY-ST-ZIP Longwood Fl 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TOTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 HILE 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 53 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - S1 - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 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 trusted 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. 64 City - ST-ZIP

SIGNATURE: __

CHATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

91896 407 332-7335