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 8 Morthani ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000063866 (5) **DOCUMENT #** NATIONWIDE FINANCIAL ADVISORS, INC. Principal Place of Business Mailing Address 3716 HILLSBORO BLVD 3716 HILLSBORO BLVD DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1994 07/21/1995 Applied For 2a. Mailing Address Principal Place of Business 65-0515979 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032 Zip Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KONAID TREEVES REEVES, JENNIFER M ess (P.O. Bex Number is Not Acceptable)

HILLSbord Blvd. 3716 HILLSBORO BLVD 82 **DEERFIELD BEACH FL 33442** 83 Zip Code 84 DEENFIELD BOACH 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, and accept the obligations of, Section 607 0505, Florida Statutes.

7/17/96 KONAIC REEVES SIGNATURE thritte. Registered Agent sig (Dee required a secretoristation) dered agost and the it applies the (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change [ ] Addition DELETE 3.1 THUE TITLE CR2E034 JENNIFER REEVES 1.2 NAME NAME 5000 NW 55TH COURT 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 fth:E TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY - \$1 - 7IP CITY - ST - ZIP Change Addition DELETE 3 1 111LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CIFY - ST-ZIP CITY-ST-ZiP Change Addition DELETE 417016 TITLE 4-2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THEE TiTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY - ST - ZIP Change L Addition DELETE 6.1 THE THILE 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7/2 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 red cated 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 it changed, or on an attachment with an address.

IA THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/17/96 954 3609299