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 # P94000067492 (6) AZALEA FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 3502 OTTAWA LANE 3502 OTTAWA LANE COOPER CITY FL 33026 COOPER CITY FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1994 07/28/1995 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-05 19965 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country This corporation has liability for intangible tax under s. 199 032 Yes X No 24 25 29 30 Florida Statutes Name and Address of Current Registered Agent Name and Address of New Registered Agent EISINGER, DENNIS J 3502 OTTAWA LANE Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FL 33026 83 84 City Zip Code 85 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, type-flor printed marks of registered agent and this diapplicable (NOTE: Registered Agent signature required when rematating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THLE EISINGER, DENNIS J NAME 1.2 NAME 3502 OTTAWA LANE 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 THLE Change Addition NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - S1 - ZIP DELETE TITLE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change 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 1.19.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oall; that I am an officer or director of the corporation or the receiver or trustee emplowered 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.

May

SIGNATURE: