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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1996 DIVISION OF CORPORATIONS P94000071377 (3) DOCUMENT # 36 MAY - 1 AM 11: 17 SECRETARY OF STATE P & E INDUSTRIES, INC. Principal Place of Business Mailing Address P.O. BOX 810095 P.O. BOX 810095 **BOCA RATON FL 33481-0095** BOCA RATON FL 33481-0095 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1994 01/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0535637 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HACKMAN, JEFFREY A 6760 E. ROGERS CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 City 64 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. 16 ff. Port A. Hackman. Jeffrey A. Hackman
Signature: typed or priced name of registered agent and title if applicable stered Agent signature required when reinstating? 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TITLE HACKMAN, JEFFREY A NAME 1.2 NAME CR2E034 P.O. BOX 810095 N/A -06/12/96--01034--012 STREET ADORESS 1.3 STREET ADDRESS **BOCA RATON FL 33481-0095** \*\*\*\*\*200**.**00 \*\*\*\*200.00 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 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 3 4. CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP REMITTED BY MAY 1 TITLE DELETE 61 THILE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 Statules, if 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:

Jeffrey A. Hackman, President signature and types on printed name of signaling officer on director

President JAM, Jhe 4/1/96

407-241-6750