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 DIVISION OF CORPORATIONS 1996 P94000071490 (4) **DOCUMENT #** TRIEDSTONE INC. Mailing Address Principa! Place of Business 1460 36TH STREET 1460 36TH STREET VERO BEACH FL 32960 VERO BEACH FL 32960 3a. Date of Last Report 3. Date Incorporated or Qualified 04/27/1995 09/29/1994 4. FEI Number Applied For Mailing Address 2a. Principal Place of Business 65-0525003 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No. Country Zιρ Country Ζıρ 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCOTT, J. CLINTON Street Address (P.O. Box Number is Not Acceptable) 82 **1460 36TH STREET** VERO BEACH FL 32960 83 85 Zip Code 84 City 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Projectived Agent signature required when reinstativity) (141) SIGNATURE Signature, typied or printed number of registered agent and title if apply able (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELFTE 11 TITLE TITLE STrAZEV, John. CR2E034 1.2 NAME STRADER, JOHN 14 CARZINAL Dr. NAME 1.3 STREET ADDRESS 6236 MIRROW LAKE MANOR Beach F1. 32963 STREET ADDRESS 1.4 CITY - ST - ZIP SEBASTIAN FL 32958 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - S1 - ZIP CITY - ST - ZIP Change ____ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change ____ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TO LE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - S1 - ZIP Change ____ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 logal 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7-9-96 407-778-2100