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 # SYTENTERPRISES OF TAMPA WC. Principal Place of Business Mailing Address 1107 TERRA MAR DV. TAMPA, FL. 33613 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied for 26 1107 TERRA MAR DV. Not Applicable 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 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199 032 30 HILL SEOKOU 24 Yes 💢 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOUNIR M. ITANI Street Address (P.O. Box Number is Not Acceptable) 1107 TERRA MAR DV. 83 TAMPA, FL. 33613 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 office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. PRESIDENT SIGNATURE (fit DE Registered Agent's gnature recurred when removeling OF LICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE PRESIDENT 1.1 Till - E NAME 1.2 NAME MOUNIR ITANI STREET ADDRESS 1.3 STREET ADDRESS 1107 TERRA MAR DV. CITY - ST - ZIP 1.4 CITY ST-ZIP VICE PRESIDENT TITLE 2.1 DILE Change Addition SHARON M. MILLER 2.2 NAME 1107 TERRA HAR DI. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY-ST-7IP 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP DELETE TITLE 4.1 T-TLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY - \$1 - ZiP TITLE DELETE 8000019035389ange Addition 5.1 TITLE -07/24/96--01074--040 NAME 5.2 NAME STREET ADDRESS ***225.00 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 NILE NAME 6.2 NAME STREET ADDRESS 6.4 CITY - ST - 2(P 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 (18 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 trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver or trustee empowered to execute this report as required by director of the corporation or the receiver of the corporation of the corpor

SIGNATURE: MOUNT 1790 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR