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 **DOCUMENT #** P94000078834 (6) J.G.C. DESIGN OF FLORIDA CONSTRUCTION, INC. Mailing Address Principal Place of Business 409 NW 10TH TER 409 NW 10TH TER HALLANDALE FL 33009 HALLANDALE FL 33009 3a. Date of Last Report Date Incorporated or Qualified 10/26/1994 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0529193 26 21 \$8.75 Additional Suite Apt #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHEVLIN, SANFORD Z ESQ Street Address (P.O. Bay Number is Not Acceptable) 82 409 NW 10TH TER HALLANDALE FL 33009 83 City Haleah 85 84 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DAIL (NOTE: Registered Agent's greature required when reinstiding) Signature, typed or printed name of registered agent and tide if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DIRECTOR DELETE 11 TITLE TITLE CHRISTOPHER CARTWRIGHT 409 NW 1045 TETTACE HALlaudaly, FL 33009. CR2E034 L2 NAME NAME KIMELMAN, MARCEL 1 3 STREET ADDRESS **409 NW 10TH TER** STREET ADDRESS Hallandale, FL 14 CITY - ST - ZIP HALLANDALE FL 33009 CITY-SI-ZIP DELETE 2.1 1911 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change ___ Addition DELETE 3.1 TillE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADORESS 3.4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 4 ! TITLE THLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP Change ____ Addition DELETE 5.1 TiTLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADORESS 5 4 CHTY - ST - 71P CITY - ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 supplied ental 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 let receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that the processor of the corporation or let the processor of the corporation of the corpor ient with an address that my name appears i C/5/51 954-454-465

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: