SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLOMIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P94000084582 (3) THE NEW ENIGINE WAREHOUSE, INC. Principal Place of Business Mailing Address 6000 SOUTHWEST 35TH STREET 6000 SOUTHWEST 35TH STREET HOLLYWOOD FL \$3023 HOLLYWOOD FL 33023 DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report Strue Coli 11/18/1994 07/09/1996 2. Principal Place of Business dress ONW 15th Street 4. FFI Number Applied For 21 65-0535591 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Browg ru Zip Country 8. This corporation owes or has paid the current year Intangible 302 Y 24 25 Personal Property Tax due June 30. Yes 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLODIG, GREGORY J 1630 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 62 FT. LAUDERDALE FL 33305 83 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97) 13. DELFTE Change Addition TITLE 1.17(1) 6 COLI, STEPHEN NAME 1.2 NAME 6000 SOUTHWEST 35TH STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE ___ Addition 2.1 TH LE 600002248146 NAME 2.2 NAME -07/25/97--01092--014 STREET ADDRESS 2.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 2 4 CHY- ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADD SS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 Chy-SI-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. (ا ازالازاماد