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.) APPROVED FLORIDA DEPARTMENT OF STATE **GORPOBATION** Sandra B. Mortham ANNUAL REPORT Secretary & State 1996₩ DIVISION OF CORPORATIONS 1996 SEP 20 PM 1: 27 DOCUMENT # P94000087910 (3) SECRETARY OF STATE TALLAHASSEE. FLORIDA STEVE SAFFER CONSTRUCTION MANAGEMENT, INC. Principal Place of Business Mailing Address 98-73 LAWRENCE ROAD 18 VIA DE CASAS SUR **BOYNTON BEACH FL 33426** BOYNTON BÉACH FL 33436 3. Date Incorporated or Qualified 2. Principal Place of Business 3a. Date of Last Report 12/02/1994 2a. Mailing Address 09/18/1995 18 VIA De CASAS SUF 4. FEI Number 26 Suite, Apt. #, etc. Applied For 65-0560035 Suite, Apt. #, etc. 22 Not Applicable 27 5. Certificate of Status Desired City & \$8.75 Additional П City & State Fee Required 6. Election Campaign Financing 28 \$5.00 May Be Country Trust Fund Contribution П Zip Country Added to Fees 25 PAIM BUACK 8. This corporation has liability for intangible tax under s. 199.032, 29 9. Name and Address of Current Registered Agent 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent BESSEN, ADAM L Name 900 N FEDERAL HWY SUITE 380 **BOCA RATON FL 33432** Street Address (P.O. Box Number is Not Acceptable) 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 84 City Signature, typed or printed name of registered agent and little if applicable 12. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE NAME SAFFER, STEVE 1.1 TITLE Change Addition STREET ADDRESS 98-73 LAWRENCE ROAD 1.2 NAME 500001967695 -10/08/96-01101--004 **BOYNTON BEACH FL 33436** CITY-ST-ZIP 1.3 STREET ADDRESS TITLE 1.4 CITY-ST-ZIP DELETE ****225.00 NAME *****225 00 Change Addit 2.1 TITLE STREET ADDRESS 2.2 NAME Addition CITY-ST-ZIP 2.3 STREET ADDRESS TITLE 2.4 CITY-ST-ZIP DELETE NAME 3.1 TITLE Change Addition STREET ADDRESS 3.2 NAME CITY-ST-ZIP 3.3 STREET ADDRESS TITLE 3.4. CITY-ST-ZIP DELETE NAME 4.1 TITLE ___ Change ___ Addition STREET ADDRESS 4. 2 NAME CITY-ST-ZIP 4.3 STREET ADDRESS TITLE 4.4 CITY-ST-ZIP DELETE NAME 5.1 TITLE Change Addition STREE! ADDRESS 5.2 NAME CITY-ST-ZIF 5.3 STREET ADDRESS TITLE 5.4 CITY-ST-ZIP DELETE NAME 6.1 TITLE STREET ADDRESS Change 6.2 NAME Addition CITY-ST-7IP 6.3 STREET ADDRESS 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 I am an officer or director of the corporation of the regelier 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 charged, or on an attachment with an address. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #