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 PROFIT AND FLORIDA DEPARTMENT OF STATE FILED CORPORATION Saridra B. Mortham **ANNUAL REPORT** Secretary of State 96 AUG 26 AM 8: 14 1996 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P94000092914 (8) SECRETARY OF STATE TALLAHASSEE, FLORIDA KTC INTERNATIONAL, INC. Principal Place of Business Mailing Address 2819 NORTHWOOD BLVD 2819 NORTHWOOD BLVD ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1994 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 APPLIED FOR Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUPONT, SCOTT T 2819 NORTHWOOD BLVD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tire it applicable (NOTE: Registered Agent signature required when reinstitling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/8) TITLE D DELETE 11 TITLE Change Addition NAME DUPONT, SCOTT T 1.2 NAME CR2E034 STREET ADDRESS 2819 NORTHWOOD BLVD 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 14 CITY - ST - ZIP TATLE DELETE 21 TITLE Change Addition NAME BRIDGES, JOHN M 2 2 NAME **800001392948** -08/27/98--01101--018 STREET ADDRESS 2819 NORTHWOOD BLVD 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TIFLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-S1-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE [] DELETÉ 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 1 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 Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: