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 \$5 SEP 10 MIH 05 P95000009072 (6) DOCUMENT # RUSTY DAY REALTY, P.A. Principal Place of Business Mailing Address 2100A VISION ONE 2100A VISION ONE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1995 28. Mailing Address
26. 10247 HUNT CLUB LANE 2. Principal Place of Business **FEI Number** Applied For 21 10247 HUNT CLUBLANE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\lceil \rceil$ Trust Fund Contribution Added to Fees 8. This corporation has hability fo<u>r intangible tax under s. 199.032</u> Florida Statutes Yes No Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) **B2** TALLAHASSEE FL 32301 83 64 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.1 TITLE NAME DAY, JAMES R 1.2 NAME 2100A VISION ONE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1 4 CITY - ST - ZIP THILE DELETE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME **STREET ADORESS** 6.3 STREET ADDRESS CITY - ST - ZIP 64 CHTY - 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 | 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 it 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 Blo Machment with an address SIGNATURE

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