SECT AD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT JUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 96 SEP -9 PH 12: 29 DOCUMENT # P95000015515 (6) SECRETARY OF STATE TALLAHASSEE, FLORIDA MAIR ENTERPRISES, INC. Principal Place of Business Mailing Address 410 S.W. 62ND AVE. 410 S.W. 62ND AVE. MARGATE FL 33068 MARGATE FL 33068 3. Date Incorporated or Qualified 3a. Date of Last Report 02/24/1995 Applied For Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intang-ble tax under s. 199 032. Zφ Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAIR, ANTHONY B Street Address (P.O. Box Number is Not Acceptable) 410 S.W. 62ND AVE. 82 MARGATE FL 33068 83 Zip Code 64 City 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 Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Requiered Agent's griature required when reof registered agent and late if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ANDIA MAIT 410 DN 6 2 MAIGHE MAIGHTE, U. 33 068 1 1 TILE TITLE CR2E034 1.2 NAME NAME 1.3 STHEET ADDRESS STREET ADDRESS 14 CiTy - \$1 - 2iP CITY - ST - ZIP Change ____ Addition 2.1 TO LE TITLE Anthony B. Mair 40 5.W. 62 Nenue 22 NAME 800001957198 NAME 2.3 STREET ADDRESS STREET ADDRESS -09/26/96--01003--006 Margate. 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 31 TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP City-St-ZIP Change Addition DELETE 41 TIFLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 71P CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAMÉ STREET ADDRESS
CITY-S1-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 or Block 13 or Block 12 or Block 13 or Block 13 or Block 13 or Block 13 or Block 15 ANDIA MA'T SIGNATURE: Sandsa