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 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000027490 (8) BAILEY, MILLER, BROWN CORPORATION Principal Place of Business Mailing Address 1621 E. SAND PIPER CIRCLE 1621 E. SAND PIPER CIRCLE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Suite, Apt #, etc Not Applicable Suite, Apt #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 $\lceil \rceil$ Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zin Country 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 Name BROWN, SHEILA 81 1621 E. SAND PIPER CIRCLE Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 **B3** 84 City 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 appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tice if applicable (NOTE Registered Agent's gradule required when reinstitung) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 11 TITLE Change Addition NAME BROWN, GLASSPOLE 1.2 NAME CR2E034 STREET ADDRESS 1621 E. SAND PIPER CIRCLE 1.3 STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES FL 33026 1.4 CITY - \$1 - ZIP TITLE D DELETE 2 I TITLE Change Addition NAME BROWN, SHEILA 2.2 NAME 1621 E. SAND PIPER CIRCLE STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP PEMBROKE PINES FL 33026 2 4 CITY - ST- ZIE TITLE DELETE 3 ! TITLE Change Addition NAME BAILEY, ABE A 3.2 NAME STREET ADDRESS 8780 N.W. 8TH STREET 3 3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY - ST - ZIP 3.4 CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BAILEY, MARYLIN 4 2 NAME 8780 N.W. 8TH STREET STREET ADORESS 4.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE D DELETE 5 1 TITLE Change Addition NAME MILLER, PATRICK 5.2 NAME 3211 JASPER WAY STREET ADDRESS 5.3 STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE D DELETE 61 TITLE Criange Addition NAME MILLER, MARLENE 6.2 NAME STAFFT ADDRESS 3211 JASPER WAY 6 3 STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 64 CITY - ST- ZIP 4. 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). Fronda 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 section or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 or Block 13 if changed, or gri an attachment with an address.

SIGNATURE: