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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000028327 (1) **DOCUMENT #** CYNTHIA TESHER, INC. Mailing Address Principal Place of Business 1496 S.W. 14TH STREET BOCA RATON FL 33316 1495 S.W. 14TH STREET **BOCA RATON FL 33316** 3a. Date of Last Report Date Incorporated or Qualified 04/10/1995 Applied For FEI Number 2a. Mailing Address 5058 Principal Place of Business 2 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032 23 Country Yes No Country Ζıρ Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name account/ **Jennings** Edward J Street Address 82 200 S.E. 18TH COURT FT. LAUDERDALE FL 33916 83 Zip Code 33319 85 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 Torida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13 Change Addition 12. DELETE 1.1 TOTALE D CR2E034 TITLE TESHER, CYNTHIA 1.2 NAME NAME 1.3 STREET ADDRESS 1495 S.W. 14TH STREET STREET ADDRESS **BOCA RATON FL 33486** 1 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 21 TITLE TITLE 22 NAME NAMÉ 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3.1 TITLE THILE 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-7IP Change Addition CITY - ST-ZIP DELETE 4.1 TiTLE TITLE 4 2 NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIF Change Addition CITY-ST-2IP DELETE 61 TITLE TITLE 6 2 NAME NAME 63 STREET ADDRESS STREET ADDRESS I do horeby 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 or Block 13 if changed, or on an attachment with an address CITY-ST-ZIP 6.4.96

SIGNATURE: