## 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 CORPORATION Sandra R. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000030594 (2) KURT NEALEY & ASSOCIATES, INC. Principal Place of Business Mailing Address 2838 INDIA BLVD. 2838 INDIA BLVD. **DELTONA FL 32738 DELTONA FL 32738** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1995 2. Principal Place of Business 4. EEL Number 2a. Mailing Address Applied For Not Applicable Home 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country 8. Ibis corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 **AMERILAWYER** 343 ALMERIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (ACT). Registered Agent's granute required when reinstatings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. OFFICERS AND 10RS DELETE 11 THLE THE NAME **NEALEY, KURT** 1.2 NAM2 STREET ADDRESS 2838 INDIA BLVD. 1.3 STREET ADDRESS **DELTONA FL 32738** 14 CITY - ST-ZIP CITY-ST-ZIP DELÈTE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST - ZIP Change Addition DELETE 3.1 THRE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP C/1Y - S1 - ZIP Change Addition DELETE 6 1 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6 3 STREET ADDRESS 6.4 City - St - ZiP CITY-ST-ZIP

14. Too 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 I 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 Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13194

(407) 273-5020

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