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 B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000035053 (4) DOCUMENT # TYNDALLS STEAKS, INC. Principal Place of Business Mailing Address 1805 19TH PLACE APT. 106 1805 19TH PLACE APT. 106 VERO BEACH FL 32960 VERO BEACH FL 32960 Date Incorporated or Qualified 3a. Date of Last Report 05/04/1995 Applied For 4. FEI Number 2a, Mailing Address 2. Principal Place of Business 26 4817 Bethe/ Crack Dr. Cruek Dr. Not Applicable 4817 Bethe \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent TYNDALL, VERNON L 1805 19TH PLACE APT. 106 82 VERO BEACH FL 32960 83 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the objigators of Section 607 0505. Florida Statutes VERNON SIGNATURE (3/86) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP Vero Beach, FL. CITY - ST - ZIP Change Addition 21 THILE TITLE MARY PAT TYNDALL 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 4BIT Bethel CRAKE ero BOACL, 32963 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 3 1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETÉ 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY - ST ZIP 14. Ido 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)(x). Fronda Statules 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 anyofficer 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 13 if changed or an attachment with an address. CITY-ST-ZIP

SIGNATURE:

ERNOU L. TONDALL