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 DOCUMENT #

1. Corporation Name P95000036288 (5) LEE VISTA INCORPORATED OF SOUTH FLORIDA Mailing Address Principal Place of Business 3165 N. ATLANTIC AVE., UNIT C-205 3165 N. ATLANTIC AVE., UNIT C-205 COCOA BEACH FL 32931 COCOA BEACH FL 32931 3. Date incorporated or Qualified 3a. Date of Last Report 05/05/1995 Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$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, Country Yes 🗶 No Florida Statutes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREEN, CHARLES E 82 Street Address (P.O. Box Number is Not Acceptable) 3165 N. ATLANTIC AVE., UNIT C-205 COCOA BEACH FL 32931 83 Zip Code 85 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pricted nume of registered agent and time if applicable (NOTE: Registered Agent's gnature required when reinstating) (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 13. 12 Change Addition 1.1 1000 DELETE TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY - ST - ZIP City - ST - ZIP Change Addition 21 TiTLE 2.2 NAME NAME 2 3 STREET ACCRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 City-St-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TIFLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME

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 if changed or on an attachmic purple an address.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS