SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000038161 (2) **DOCUMENT #** NATIONAL INSTALLERS, INC. Principal Place of Business Mailing Address 390 W 78TH RD 380 W. 78TH RD HIALEAH FL 33014 HIALEAH FL 33014 3a. Date of Last Report 3. Date Incorporated or Qualified 05/12/1995 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 26 340 W 787h Not Applicable 21 340 W 787h Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 28 HIALEAN Added to Fees 23 HIALEAN Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 190 032 Yes 🔀 No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent D'ANDREA, ANTHONY 340 W. 78TH RD Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NGTC Respected Agent significate required which templating) EAH Stoppature, typed or protoculous and at registered agent and attent applicable (96/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE TITLE DIWOKER, ANTHONY F. 340 W 78Th RD. CR2E034 D'ANDREA, ANTHONY 1.2 NAME NAME STREET ADDRESS 380 W. 78TH RD 1.3 STREET ADDRESS HIALENG, F1 33014 HIALEAH FL 33014 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE THLE 52 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

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 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 if made under oath, that fair we obtain a composition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

hanged, or on an attachment with an address

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

that my name appear

STREET ADDRESS

CITY - ST - ZIP