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.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000039153 (8) PHYLLIS J. MACCALLUM, P.A. Mailing Address Principal Place of Business 8959 SAVANNAH PARK 8959 SAVANNAH PARK ORLANDO FL 32819 ORLANDO FL 32819 3a. Date of Last Report 3. Date Incorporated or Qualified 05/17/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 9-33155 Not Applicable 5 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 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Country Ζφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MACCALLUM, PHYLLIS J Street Address (P.O. Box Number is Not Acceptable) 82 8959 SAVANNAH PARK ORLANDO FL 32819 83 Zip Code 85 City 84 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. DATE (NATE: Registered Agent signature required which rehistration) SIGNATURE Signature, type-1 or protect name of regestered agent and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME MACCALLUM, PHYLLIS J NAME 1.3 STREET ADDRESS 8959 SAVANNAH PARK STREET ADDRESS 14 C(1Y - ST - 7)P ORLANDO FL 32819 Change Addition DITY-ST-ZIP DELETE 2 1 1 TLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP Change Addition CITY-ST-ZIP DELETE 31 TITLE TITLE 3.2 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 44 CITY-ST-ZIF Change Add-tion City - ST - ZIP DELETE 5 1 Till LE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 City - St - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

that my name appears

STREET ADDRESS

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 I are another 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 8 Block 13 if changed or one a state hereit with an address.