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 P95000040364 (8) NATIONAL INTERESTS CORPORATION, INC. Mailing Address Principal Place of Business P.O. BOX 17943 1511-K EAST FOWLER AVENUE **TAMPA FL 33612 TAMPA FL 33612** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1995 Applied for FEI Number Mailing Address 2a. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199 032, Country Zip Country Zφ] Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CATON, DAVID E Street Address (P.O. Box Number is Not Acceptable) 82 1511-K EAST FOWLER AVENUE **TAMPA FL 33612** 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. EA1f SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature Typed or printed harne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. ne tibbA Change DELETE 11 TITLE TITLE CR2E034 1.2 NAME CATON, DAVID E NAME 1.3 STREET ADDRESS 9505 LARKBUNTING DRIVE STREET ADDRESS 1.4 C(1Y - ST - ZIP **TAMPA FL 33647** Change Addition City-ST-ZIP DELETE 21 TITLE TITLE 2 2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 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 - 2IP Change Addition CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TiTLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 Statutos 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 Statutos; and that my name appears in Block 12 or Block 12 if chapted or in a partition with an address.

April 4 Cabn Press, Mineral Cabn 64 CITY - ST - ZIP CITY-ST-ZIP

SIGNATURE: