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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P95000043749 (7) DOCUMENT # WHIMSICAL, INC. Principal Place of Business Mailing Address 9220 N.W. 32ND MANOR 9220 N.W. 32ND MANOR SUNFISE FL 33351 SUNRISE FL 33351 3. Date incorporated or Qualified 3a. Date of Last Report 06/07/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt # etc Suite. Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z<sub>i</sub>p  $Z_{\rm IO}$ Country 8. This corporation has liability for initarigible law under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERIERA, JOSEPH A JR. 10300 S.W. 72ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) #470C **MIAMI FL 33173** R3 84 City Zip Code 85 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 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. Lam farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supporting hypothetip of a transporting ground agent and title if applicabili-(NIDITE Registered Agent signature required when recistly righ-12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/8)TITLE DELETE STREET Change Addition CALABRESE, NANCY NAME 1.2 NAME CR2E034 9220 N.W. 32ND MANOR STREET ADDRESS 13 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 14 CHY ST-ZIP TITLE ST DELETE 2.1 Tell F Change Addition NAME ALONGI, CAROL 2.2 NAME 965 N.W. 79TH TERRACE STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 2 4 CHTY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CHTY - ST - ZIP TOTLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TILLE DELETE 61 TITLE Charige \_\_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 63 STREE! ADDRESS CITY-ST-ZIP 6.4 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 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 t with an address

SIGNATURE: