SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 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. Mortha ANNUAL REPORT Secretary of State 1996 • DIVISION OF CORPORATIONS **DOCUMENT #** P95000046913 (6) BON CHANCE ENTERPRISES, INC. Principal Place of Business Mailing Address 5750 MARGATE BLVD #103 5750 MARGATE BLVD #103 MARGATE FL 33063 MARGATE FL 33063 3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1995 Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 appl: Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intringible tax under s 199 03? 24 25 29 30 Florida Statutes 🔲 Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEVIN, JAMES G Name 5750 MARGATE BLVD #103 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or period code of registered agent and total applicance (NOTE Registers Agent agreetive required white resistating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 Tale Change Addition LEVIN, JAMES G NAME 1.2 NAME CR2E034 STREET ADDRESS 5750 MARGATE BLVD #103 1.3 STREET ADDRESS MARGATE FL 33063 CITY - ST - ZIP 1.4 CHY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHTY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 44 CITY - ST - ZIP TITLE DELETE 5.1 TIFLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1. ZIP THLE DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 TREET ADDRESS. CITY-ST-ZIF 641 AY ST-709 do hereby certify that the information supplied with this filing is voluntarily furnished further certify that the information indicated on this annual report or supplemental any made under oath, that I am an officer or director of the corporation or the receiver or that my name appears in Block 12 or Bioch 13 if changed, Mon an attachment with a and does not qualify for the exemption stated in Section 119 C7(3)(k). Florida Statutes, I ual report is true and accurate and that my signature shall have the same legal effect as if usite empowered to execute this report as required by Chapter 617, Florida Statutes, and 815/96. 454-970-9197 SIGNATURE: SIGNATURE AND TYPED OR PRINTED

ME OF SIGNING OFFICER OR DIREC