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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000050072 (4) JAMES H. GILLIS & ASSOCIATES, P.A. Mailing Address Principal Place of Business 8424 PAMLICO STREET 8424 PAMLICO STREET ORLANDO FL 32817-1514 ORLANDO FL 32817-1514 3a. Date of Last Report 3. Date Incorporated or Qualified N/A 06/26/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3327842 Not Applicable 26 1415 E. Robinson Street 1415 E. Robinson Street 21 \$8.75 Additional Suite Apt #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required Suite B Suite B 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Florida Orlando, Trust Fund Contribution Orlando, Florida 28 23 This corporation has liability for intangible tax under s. 199.032 Country Country Yes K No USA 32801 Florida Statutes USA 32801 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GILLIS, JAMES H Street Address (P.O. Box Number is Not Acceptable) 82 8424 PAMLICO STREET ORLANDO FL 32817-1514 83 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. (NOTE Registerio Agent signature required when remaining) (DAT) SIGNATURE Signature, typed or protect rising of registered agent and life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)13. OFFICERS AND DIRECTORS Addition 12. DELETE 11 TIELS TITLE 1.2 NAME GILLIS, JAMES H NAME 1 3 STREET ADDRESS 8424 PAMLICO STREET STREET ADDRESS 14 Dily - ST - ZIP ORLANDO FL 32817-1514 Change Addition CITY-ST-ZIP DELETE 21 THLE TITLE 22 NAME NAME 23 STREFT ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 THILE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 6.1 THUE TITLE 6.2 NAME

supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I leated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 14. I do hereby certify that the information further certify that the information incomade under oath, that I am an office. that my name appears in Block 1 June 18, 1996 (407) 898-6611

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

0015486