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 DIVISION OF CORPORATIONS 1996 P95000052925 (1) DOCUMENT # ROBERT BRUCE DEHRING COMPANY Principal Place of Business Mailing Address 18236 N.W. 6TH ST. 18236 N.W. 6TH ST. PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 3a. Date of Last Report 3. Date Incorporated or Qualified 07/03/1995 Applied For 4 FEL Number 2. Principal Place of Business Mailing Address 660596313 18331 Pines 18331 Pines Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5 Certificate of Status Desired #222 Fee Required 22 City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country This corporation has liability for intangible tax under s. 199 032 33020 Yes 🛂 No Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DEHRING, ROBERT 18236 N.W. 6TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 City 85 Zip Code 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 vital, and accept the obligations of, Section 607.0505, Florida Statutes. 6.20.96. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature Ivo (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE D 12 NAME CR2E034 NAME DEHRING, ROBERT 18236 N.W. 6TH ST. 13 STREET ADORESS STREET ADDRESS PEMBROKE PINES FL 33029 14 CiTY - ST - ZIP CITY-ST-ZIP Change Add tion DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 DUE TITLE NAME 5 2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP City-St-ZiP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 City - ST-ZIP CITY-ST-ZIP 14. Too 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 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 13 or Block 13 if changed, or on an attachment with an address

rhert

SIGNATURE: