SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE \$7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE CORPORATION DIVISION OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 96 SEP -9 PH 3: 23 1996 **DOCUMENT # P95000056916** DB Insurance, Inc 700001951397 4064 Forest Hills Blvd Ste.1 -09/19/96--01027--004 West Palm Beach, Florida 33406 ****225.00 ****225.00 Mailing Address Principal Place of Business 3a. Date of Last Report 3. Date Incorporated or Qualified 07/21/1995 N/A x Applied For 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 17 S.State Road #7 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Plantation 8. This corporation has liability for intangible tax under s. 199 032, Country Yes No 29 30 Florida Statutes 25 33317 Broward 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Donald Beck
Street Address (P.O. Box Number is Not Acceptable)
17 S.State Road #7 Donald Beck 82 4064 Forest Hills Blvd Ste #1 West Palm Beach, Florida 33406 83 Zip Code 33317 84 City Plantatiom 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 617.0509. Florida Statutes ant to the provisions of 8 or registered agent, or b I am amiliar with, and 08/05/1995 Donald Beck URE SIGNA INOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)13. S AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE D. 12 NAME NAME Donald Beck 1 3 STREET ADDRESS 17 S.State Road #7 STREET ADORESS 1.4 CITY - ST - ZIP Plantation, Florida 333 thange ** Addition CITY-ST-ZIP DELETE 2 1 TITLE Sec. Joan Barrineau TITLE 22 NAME NAME 4884 NW 6th Court 2.3 STREET ADDRESS STREET ADDRESS Plantation, Florida 2 4 CITY - ST - ZIP CITY ST-2IP DELÉTÉ 3.1 (HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE THTLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST ZIP CITY-ST-ZIF Change Addition | DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST TIP 14. I do hereby certify that the information supplied with his fying je 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 angular 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 at other or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my appropriate the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and fachment with an address that my name appears in B PRINCED NAME OF SIGNING OFFICER OF GRACE BOCK 08/05/1995 (954)581-8686

SIGNATURE: