SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DOE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000056985 (1) **DOCUMENT #** SUPER HANGER, INC. Malino Address Principal Place of Business 128 E COLONIAL DR 128 E COLONIAL DR ORLANDO FL 32801 ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 07/24/1995 Applied For Mailing Address 2. Principal Place of Business 59-3359440 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032 Country ZiD Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BAILEY, AUSTIN T Mutesh R. Patel 128 E COLOMAL DR 706 Secret Horbor Cu Hloy OFLANDOFL 32801 Lake Many FL 32746 Street Address (P.O. Box Number is Not Acceptable) 83 City R4 AKÉ MARY 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.

SIGNATURE

SIGNATURE (NOTE: hugstered Agent organisms required when reinstating) dinarrie of registered agent and title it applies be ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Change Addition DELETE 1111111 TITLE 1.2 NAME PATEL, MUKESH R NAME 708 SECRET HARBOR LN #104 1.3 STREET ADDRESS STREET ADORESS LAKE MARY FL 32746 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 2.1 TILLE TITLE 2.2 NAME NAME 2.3 STREFT ADDRESS STREET ADDRESS 2 4 CHY - \$1 - ZIP CITY-ST-ZIP DELFTE Change Addition 3 I TIFLE TITLE NAME 3.3 STREET ADDRESS STREET ADORESS 34 CHY-SI-ZP CITY-ST-7IP Change Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - 7)P CITY - ST - ZIP Change Addition DELETE 5.1 TaTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Ado tron DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do bereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 he receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address. CITY - ST - ZIP

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

(36/8)

CR2E034