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.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000060883 (2) **DOCUMENT #** RALSUN CORP. Mailing Address Principal Place of Business 5514 61ST LANE EAST 5514 61ST LANE EAST BRADENTON FL 34203 3a. Date of Last Report **BRADENTON FL 34203** 3. Date Incorporated or Qualified 08/07/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Suite Apt. #, etc. Fee Required Suite, Apt #, etc 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees City & State Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199 032 Fiorida Statutes Yes X No 28 23 Country Zip Country Zip 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent Name 81 SCHAPPACHER, P. SUNNI Street Address (P.O. Box Number is Not Acceptable) 5514 61ST LANE EAST **BRADENTON FL 34203 R3** 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (IsOT). Projectered Agent signature required when reinstating SIGNATURE Signature, type dior pertoid name of registers alagost and title diapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ppacher, P. Sunni D. P. 5 Change X Addition 13. OFFICERS AND DIRECTORS 12 DELETE 1.1 TITLE TITLE 1.2 NAME NAME 1 3 STHEET ADDRESS STREET ADDRESS 14 CHY-ST-ZIP CITY-ST-ZIP DELETE 2 1 11TLE TITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 7 IP Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CHY-51-ZIF Change Addition CITY - ST - ZIP DELETE 4.1 TULE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - S" - ZIP Change Addition CITY-ST-2IP 5 1 THLE DELETE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY-SI-ZIP DELETE 61 TITLE THLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I to hereby 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 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 12 or Block 13 if changed, or on an attachment with an address

6.5.96 941-139-0329

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