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 TOWE CORPORATIONS **1996**8-8-91 P95000062996 (0) WOLFORD REALTY, INC. Mailing Address Principal Place of Business 7330 NW 22ND COURT POST OFFICE BOX 546 **BELL FL 32619 BELL FL 32619** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/15/1995 4. FEI Number 3351011 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032 Country Zφ Zip X Yes No 30 Florida Statutes 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOLFORD, KATHLEEN A 82 Street Address (P.O. Box Number is Not Acceptable) 7330 NW 22ND COURT **BELL FL 32619** 83 Zip Code 84 City 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or panted narw of registered agent and title if applicable (NOTE Registered Agent signal are required when reinstating) (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETÉ 1 1 TITLE TITLE CR2E034 1.2 NAME NAME WOLFORD, KATHLEEN A **7330 NW 22ND COURT** 1.3 STREET ADDRESS STREET ADDRESS **BELL FL 32619** 1.4 CITY - ST - 2IP CITY - ST- ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 THLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C+TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP City-St-ZiP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CHTY-ST-ZIP 14. I do hereby cert fy 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 an I 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 8/5/96 904-935-0243 OFFICER OF DIRECTOR

MOLTEGED

SIGNATURE: