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 **DOCUMENT #** P95000063912 (6) 5 POINT 9 INVESTMENTS, INC. Principal Place of Business Mailing Address 4910 HAITI CIRCLE 4910 HAITI CIRCLE ORLANDO FL 32808 ORLANDO FL 32808 3a. Date of Last Report 3. Date Incorporated or Qualified 08/14/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Country Zio ] Yes [] No 30 Florida Statutes 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SPADA, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) **4910 HAITI CIRCLE** ORLANDO FL 32808 83 85 Zip Code City ramed concoration enterits this Attendent for the purpose of changing its registered hrs. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. AVID G. SPADA typedici prove financial registered agent and the Lapplical DAVID G. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 11 TITLE TITLE CR2E034 1.2 NAME SPADA, DAVID NAME 1.3 STREET ADDRESS STREET ADDRESS **4910 HAITI CIRCLE** 1 4 CITY - ST - ZIP ORLANDO FL 32808 CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-\$T-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY - ST-ZIP 14. I do hereby certify triat 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 turther certify that the information incohaled 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 outri, that I am an officer or director of the copy atton or the faceiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 13 if franger, from a lattagement with an address. CITY-ST-ZIP

SIGNATURE:

SWATURE AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

A81/961 .....