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 FILED ANNUAL REPORT Secretary of State 96 AUG 23 AM 10: 31 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE DOCUMENT # DOX 5 TALLAHASSEE, FLORIDA CAPTAINS Mailing Address Principal Place of Business 178 JACKSON PARK AVE DAVENPORT , FL 33837 3. Date Incorporated of Qualified 3a. Date of Last Report 2a. Mailing Address Applied For 2. Principal Place of Business 65-0605531 26 178 JACKSON PARK N 21 178 JACKSON PARK ON Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State
DAVENPORT \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees DAVENPORT Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199 032 Zip 33837 X Yes No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ANN W. SCOTT LUTWAK HUNTER Street Address (PO Box Number is Not Acceptable) NEWPORT CONTER X 82 AVE SUITE 208 BracH, FL 33442 33837 DAVENPORT 11. Purduant 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 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 printed name of registered agent, or both, in the State of Florida Statutes, agent agent with a population of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent applicable.

(NOTE Registered Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE TITLE 1.1 11116 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS TACK SON 33837 naaaa1939710 CITY - ST - ZIP PRESIDENT 2.1 TITLE ~09/05/96~~**D1055~~UV4**\*\*\*\* TITLE 2.2 NAME \*\*\*\*225.00 \*\*\*\*225.00 NAME TACKSON PARK 915 23 STREET ADDRESS STREET ADORESS 33442 2 4 City-St-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition 4 1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP \_\_\_ Change \_\_\_ Addition DELETE TITLE 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-7IP DELETE Change Additio-6 1 TITLE TIFLE 6.2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 14. I do hereby certify that the information supplied with this faing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). 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 it 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: