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 1996 **DIVISION OF CORPORATIONS** DOCUMENT #
1. Corporation Name P95000064391 (2) EXECUPRO, INC. Principal Place of Business Mailing Address 5534 MIRROR LAKES BLVD. 5534 MIRROR LAKES BLVD. **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number X Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent Name and Address of New Flegistered Agent 81 (MANON-GREIN, SHEILA 🕹 5534 MIRROR LAKES BLVD. 82 **BOYNTON BEACH FL 33437** 83 **B4** City 85 Sections 607 0502 and 607, 1908. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the state of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered accept the obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of 5 office or registered agent, or agent. I am familiar with, and accept the obligation SIGNATURE QTE Registered Agent's gnature required when reinstating? 12. RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TIGE Change Addition NAME £2 NAME **CR2E034** STREET AODRESS 1.3 STREET ADDRES CITY - ST - ZIF TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- 7IP TITLE DELETE 4.1 TITLE Change Adoution NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change ____ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST-ZIP TITLE DELETE 6 LTITLE 2000019315\#2000 \ Addion NAME 6.2 NAME -08/26/96--01010--043 STREET ADDRESS **63 STREET ADDRESS** ***225.00 CITY-ST-ZIP 14. I do hereby certify that the information suspined 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 in 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 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 made under oath, that I are also before an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: