SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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 # P95000070974 (7) ROVER ENTERPRISES, INC. Mailing Address Principal Place of Business 1099 WILLOW GROVE STREET 1099 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 3a. Date of Last Report 3. Date Incorporated or Qualified 09/12/1995 Applied For F£! Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt #, etc Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5,00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intengible tax under s. 199.032. Florida Statutes Yes No. Country Zip Country Zıp 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CRAIG, JOHN S Street Address (P.O. Box Number is Not Acceptable) 82 1099 WILLOW GROVE STREET **ALTAMONTE SPRINGS FL 32701** 83 85 Zip Code City 84 11. Pursuant to the previsions 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. CAIL (NOTE: Registered Agent righnfure required when reinstitling) SIGNATURE Some an appealant contrators controporand agent and the diapproprie ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1171116 **PSTD** TITLE CR2E034 12 NAME CRAIG, JOHN S NAME 1.3 STREET ACORESS 1099 WILLOW GROVE STREET STREET ADDRESS ALTAMONTE SPRINGS FL 32701 1.4 CITY - S" - ZIP Change Addition CITY - ST - ZIP DELFTE 2 t Till E TITLE 2 2 NAME 2 3 STREET ALIONESS STREET ADDRESS 2 4 CITY - ST- ZIP Change Addition CITY - S1 - ZIF DELFIE 3 1 1111.6 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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

SIGNATURE: 6.4 City - S1 - ZiP

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