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 97 MAY 29 AN II: 25 DOCUMENT # P95000071907 (6) SECRETARY OF S MCCLOUD AGENCY, INC. Principal Place of Business Mailing Address REINSTATEME 883 MILITARY TRAIL, WEST PALM BEACH FL 33415 883 MILITARY TRAIL, WEST PALM BEACH FL 33415 09/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1100 N. MAIN ST. 650609160 1100 N 26 Not Applicable Suite, Apt. #, et \$8.75 Additional 5. Certificate of Status Desired SUITE Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No U. S.A. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 120BBRT 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City AKENORTH 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 Suck 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 objugacys of, Section 607,0505, Florida Statutes. 30/97. SIGNATURE Registered Agent signature required when reinstating) Signature, typed DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PSTD Change 1.1 TITLE POTD Addition NAME ORR, ROBERT ROBERT DEP 1.2 NAME 7630 MEED C LAKE WORTH STREET ADDRESS 883 MILITARY TRAIL, WEST 1.3 STREET ADDRESS PALM BEACH FL 33415 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 900002200409---8 -06/03/97--01105--013 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP ****915.00 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Change TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify 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 Statutos. 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 or an officer or director of the contraction that my name appears in Block 12 or Block 13 if or inject or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 561-996-5300