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 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000073014 (9)

DURRANCE INVESTMENTS, INC.

2543 U.S. 27 SOUTH SEBRING FL 33870

Mailing Address Principa! Place of Business 1336 HOMESTEAD RD. NORTH 1336 HOMESTEAD RD. NORTH LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 3a. Date of Last Report 3. Date Incorporated or Qualified 09/19/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 450617169 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt # etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intengible tax under s. 199 032. Zio Zip Country Yes No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MACBETH, J. ROSS

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 for both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent flam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature: type 1 or post of some of registers diagon and title 4 apple 3 or ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)13. OFFICERS AND DIRECTORS 12. Change Adoition 2×1 THTLE President TITLE CR2E034 SHARON Y. DURRANCE 5280 River Blossom LANE 1.2 NAME NAM-1.3 STREET ADDRESS STREET ADDRESS Labelle Alva FI 33920 1.4 CHY - ST - 2(F CITY - ST- ZIP Change Addition DELETE 2.1.11ftE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change ____ Addition I DELETE 31 TITLE T TIME 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHTY - ST - ZIP CITY-ST-ZIP Change: Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ACORESS STREET ADDRESS 4.4 CITY ST-7IP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City St-ZiP CITY-ST-ZIP 2000**01**9233**82***** -08/15/96--01068--011 Add-tion 61 MILE : DELETE TITLE 6.2 NAME -NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS

DITY-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 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.

6.4 CITY - ST. ZIP

SIGNATURE:

Dunance Mauri NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED

8-5-96 941-874-1982

Zip Code

85