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

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	DOEOO	_
1 Corporation Name	π	P95000	

CHARLES E. WALLACE, INC.

0074268 (0)

Principal Place of Business

Mailing Address 29637 SO. DIXIE HIGHWAY STE 421

	29637 SO. DIXIE HIGHWAY STE 421 HOMESTEAD FL 33033			29637 SO. DIXIE HIGHWAY STE 421 HOMESTEAD FL 33033							
								3. Date Incorporated or Qualified 09/25/1995	3a. Date	e of Last Report	
2. Principal Place of Business		2a	2a, Mailing Address				4. FEI Number	Applied For			
21			26					65-06/61	₹ <i>3</i>	Not Applicable	
	City & State			Suite, Apt. #. etc.				5. Certificate of Status Desired \$8.75 Addition			
22			27					5. Certificate of Status Desired	Fee Required		
				City & State		6. Election Campaign Financing \$5.00 May Be					
23			28	28				Trust Fund Contribution Added to Fees			
_	Zip	Country		Zip	Cou	untry		8. This corporation has liability for in	itangible#a	ax under s. 199.032,	
24		25	29		30			Florida Statutes	Yes X	No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
WALLACE, CHARLES E					81	Name	Name				
29637 SO. DIXIE HIGHWAY STE 421 HOMESTEAD FL 33033				82							
HOMEOTEAD TE 00000										83	
						84	City		FL	85 Zip Code	
									 -	<u> </u>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remulating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME WALLACE, CHARLES E 1.2 NAME STREET ADDRESS 29637 SO. DIXIE HIGHWAY STE 421 1.3 STREET ADDRESS HOMESTEAD FL 33033 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2 1 TITLE Change Addition 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - \$1 - ZIP DELETE 3.1 (1)(1) Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TiTLE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY-SI-ZIP DELETE TITLE 6 1 TITLE Change Addition

6 4 CHY - ST - ZIP Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 0/(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 arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 2 or Block 13 if chamsed, or on an attachment with an address

SIGNATURE:

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

725/96 305337.4689