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 # P95000077730 (6) THE MOD FOREST OF POMPANO BEACH, INC. Principal Place of Business Mailing Address 2213 E. ATLANTIC BLVD. 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1995 FEI Number Applied For Mailing Address Principal Place of Business 2. 65-061282 Not Applicable 21 26 \$8.75 Additional Suite Ant #, etc Suite, Apt. #, etc Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Country Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Travers, Cheryl L Street Address (P.O. Box Number is Not Acceptable) 2213 E. ATLANTIC BLVD, 82 POMPANO BEACH FL 33062 83 Zip Code 85 84 City 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. 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 (NOTE: Registered Agent signature required when rematating) Signature, typed or printed non-clothegistered agent and the Tapplicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Change Addition DELETE THILE 1 1 TITLE TRAVERS, CHERYL CR2E034 1.2 NAME NAME TRAVERS, CHERYL L 40 2213 E. Atlantic Blud % 2213 E. ATLANTIC BLVD. 1.3 STHEET ADDRESS STREET ADDRESS Pompano Beach, Pl 33062 POMPANO BEACH FL 33062 1.4 CITY - \$1 - 21P CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE STD 2.2 NAME BANKO, RICHARD D NAME % 2213 E. ATLANTIC BLVD. 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 2 4 CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TIDLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TBCE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP City-St-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS th this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flor da Statutes. I annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and inged, or on an attachment with an address. 6 4 CITY - ST - ZIP CITY - ST - ZIP further certify that the information indicated or made under oath, that I am anyofficer or direct

NG OFFICER OR DIRECTOR

that my name appears in Biod

SIGNATURE: