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.) APPROVED PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL RÉPORT Secretary of State ... 96 AUG 23 PM 12: 01 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAHASSEE, FLORIDA P95000086194 (4) **DOCUMENT #** PHOTOGRAPHY BY DOUGLAS, INC. Mailing Address Principal Place of Business 2067 SOUTH HALIFAX DAYTONA BEACH FL 32118 2067 SOUTH HALIFAX DAYTONA BEACH FL 32118 3a. Date of Last Report 3. Date Incorporated or Qualified 11/09/1995 Applied For 4. FET Number 2a. Mailing Address 2. Principal Place of Business 54-1645294 Not Applicable 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 28 23 This corporation has liab lity for intangible tax under s= 199.032 Country Country Zip Yes No Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ASHWORTH, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 2067 SOUTH HALIFAX **DAYTONA BEACH FL 32118** 83 City 84 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 arryamillar with, and accept the obligations of Section 607 0505, Florida Statules.

SIGNATURE

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition 1 1 11111 DELETE TITLE fres, dest 1.2 NAMI Douglas Ashworth NAME 2067 S. Halifax Dr. 1.3 STREET ADDRESS Daytona Beach FL. 32118 140 Tr - ST 7IP 300001**999**149 CITY - ST - ZIP DELETE -09/05/96--01055--035 TITLE 2.2 NAME ****225.00 ****225.00 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 t TiTLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CiTY-ST-ZIP Change Addition DELETE 4.1 TUILE TITLE 4 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP Changa ____ Addition DELETE 5.1 THLE TITLE 5 2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 C-TY - ST- ZIP CITY ST-ZIE Change Addition DELETE 6 1 THTLE

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 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 each, 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 City - ST - 7/2

Pres DE SIGNING OFFICER OR DIRECTOR SIGNATURE:

TITLE

NAME

STREET ADDRESS

904-252-2221

0130552