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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000089086 (9) **DOCUMENT #** CLIVE N. STEPHENSON, CPA. P.A. Mailing Address Principal Place of Business 3063 HARTLEY RD., STE. 3 3063 HARTLEY RD., STE. 3 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3a. Date of Last Report 3. Date Incorporated or Qualified 11/20/1995 Applied For 4. FEI Numbe 2a. Mailing Address 2. Principal Place of Business 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 City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Zip Yes No Florida Statutes 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEPHENSON, CLIVE N Street Address (P.O. Box Number is Not Acceptable) **B2** 942 FRUIT COVE RD. JACKSONVILL FL 32259 83 Zip Cade 85 84 City 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. 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 signifility required when reinstating) Signature, typed or printed name of registered algebraid title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11TITLE TITLE n **CR2E034** 1.2 NAME STEPHENSON, CLIVE N NAME 13 STREET ADDRESS 942 FRUIT COVE RD. STREET ADDRESS JACKSONVILLE FL 32259 1.4 CITY - \$1- ZIP CITY-ST-ZIP Change Addition DELETE 2111111 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST ZIP CITY-ST-2IP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TIFLE TITLE 6.2 NAME NAME 63 STREET ADDRESS

14. If 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 13 if changed, or on an attachment with an address

6 4 CHY - ST - ZIP

SIGNATURE:

STREET ADDRESS

ChIUS M THE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR