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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000091457 (8) NEW WORLD CONSULTING CORP. Principal Place of Business Mailing Address 21668 REFLECTION LANE 21668 REFLECTION LANE **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1995 2. Principal Place of Business 2a. Mailing Address 65-062612 4. 21 Applied For 26 Suite, Apt. #, etc. Not Applicable Suite, Apt. #. etc. 22 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Ζıp Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 Yes 💢 No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 Cily Zip Code 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 agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or proted carry of regulered agent and triel flagglicative (fiz.)(c. Registered Agen) signature required when report and 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (3.6)DELETE 1.1 THE DAWSON, JOSEPH S Change Addition NAME 1.2 NAME 21668 REFLECTION LANE STREET ADDRESS 13 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 14 CITY - ST - 71P TITLE DELETE 2.1 TITLE DAWSON, VALERIE V Charige Addition NAME 2.2 NAME 21668 REFLECTION LANE STREET ADDRESS 2.3 STREET ADDRESS BOCA RATON FL 33428 CITY-ST-ZIP 2.4 CITY \$1-ZIP TITLE DFLETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4 CITY - S1 - ZIP TITLE DELETE 4.1 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 4 4 CHY - ST - ZIP HILE DELETE 511107 Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CHY-ST ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - 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 I further certify that the information indicated on this annual risport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CHY-ST-ZIP

SIGNATURE:

DAWSON 6-25-96 (407)457-1997