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.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000095318 (8) RED MAN DELIVERY, INC. Mailing Address Principal Place of Business 4692 CHERRY ROAD 4692 CHERRY ROAD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 3a. Date of Last Report 3. Date Incorporated or Qualified 12/14/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 8817 Not Applicable 26 \$8.75 Additional 21 Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Zip Country Yes No Zip Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALKER, RODNEY Street Address (P.O. Box Number is Not Acceptable) 82 4692 CHERRY ROAD WEST PALM BEACH FL 33417 83 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 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

Strange treatment that are directors that there of the strange and th Signature, typed or period nane, of registered against and tide if applic (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change Addition 12 DELETE 1.1 TUTLE D CR2E034 TITLE 1.2 NAME WALKER, RODNEY NAME 1.3 STREET ADDRESS 4692 CHERRY ROAD STREET ADDRESS WEST PALM BEACH FL 33417 1 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 2 1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST-ZIP DELETE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 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 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 12 or Block 13 if changed, or on an attachment with an address

NAME OF SIGNING OFFICER OR DIRECTOR

0157322

7/22/94 561-795-0479