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 DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P96000001310 (7) CHARLES & DONNA THIBODEAU, INC. Mailing Address Principal Place of Business 435 NW 128TH STREET 435 NW 128TH STREET N MIAMI FL 33168 N MIAMI FL 33168 3a. Date of Last Report 3. Date Incorporated or Qualified 12/29/1995 4. F£1 Number Applied For 2. Principal Place of Business 2a. Mailing Address 8500 NW 14 Street 65-0630182 Not Applicable 8500 NW 14 Street \$8.75 Additional Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State Election Campaign Financing Pembroke Pines FLA Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Yes 🗶 No 25 Broward Florida Statutes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Nanie THIBODEAU, CHARLES Street Address (P.O. Box Number is Not Acceptable) 435 NW 128TH STREET 82 N MIAMI FL 33168 8500 NW 145+reet 33024 Pines 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 (HOTE Registered Agent signature required when reinstating) Signature, type or or pointed name of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELFIE **PSD** TITLE CR2E034 1.2 NAME THIBODEAU, CHARLES NAME 435 NW 128TH STREET 1.3 STREET ADORESS STREET ADDRESS N MIAM! FL 33168 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TiTLE THLE 2.2 NAME NAME 2.3 STREET AUDRESS STREET ADDRESS 2 4 CITY - ST - 21P CITY - ST - ZIP Change Addition DELETE 3 1 TIFLE TITLE 3.2 NAM: NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY-ST-ZIF Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 5.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST. ZIP 14. I do hereby certily 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's gnature shall have the same legal effect as if made under oath, that I am an officering 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 Blood 22 of Blood 33 it changed or on an attachment with an address CITY-S1-ZiP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR