SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 OCT -9 AM 10: 48 P97000062678 (2) SECRETARY OF STATE
TALLAHASSEE, FLORIDA DEENICK, INC. Principal Place of Business Mailing Address 2615 N.W.133 AVENUE CORAL SPRINGS FL 33065 2615 N.W. 128 AVENUE CORAL SPRINGS FL \$3065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 7949 MSNMB ROM MENAS ROAD 65-07668 W. 7949 W. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMMERA IMMALAC Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AZARD, ROLDYE M 2615 N.W.123 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE [.] DELETE Change [ ] Addition NAME AZARD, ROLDYE M 1.2 NAME 2615 N.W.123 AVENUE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition HERBEM NICOLA HERBERT NICOLA NAME 2.2 NAME CHAMPION WM 2160 CHAMPIONS 2160 STREET ADDRESS 2.3 STREET ADDRESS 33068 LANDENDAZE, NORTH 3306F NOFOH LANDERDME 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change [ ] Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS -010 CITY-S1-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIF TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further 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 my an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes in Block 12 or Block 13 if changed for gi) an attachment witl) an address. ly hat the information Inder oath; that I am Wat my name appears

SIGNATURE

CR2E034 (5/98)