SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP 30 AM 9: 58 DOCUMENT # P97000076580 SECHETARY OF STATE TALLAHASSEE, FLORIDA ROBERT E. BOLIN, P.A. Principal Place of Business Mailing Address 403 CAMBIO COURT 403 CAMBIO COURT LADY LAKE FL 32159 LADY LAKE FL 32159 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3132464 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation owes the current year Intangible Personal Property. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name BOLIN, ROBERT E 82 Street Address (P.O. Box Number is Not Acceptable) **403 CAMBIO COURT** LADY LAKE FL 32159 83 84 City 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE Change Addition BOLIN, ROBERT E 12 NAME NAME 700003008197--STREET ADDRESS. **403 CAMBIO COURT** 13 STREET ADDRESS -10/07/99--01022--005 ****550 00

Change Addition LADY LAKE FL 32159 CITY-ST-ZIP 1.4 CITY-ST-ZiP ****550.00 TILE DELETE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREE! ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP THUE 3.1 TITLE DELETE Change Addition NAVE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 7171.6 DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5 1 TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THEE 6 1 TITLE DELETE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 6.4 CITY-ST-ZIP

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 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 cath; that I am an officer or director of the corporation or the receiver of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, our propagation of the corporation of the corpora

Date

Daytime Phone #

TED NAME OF SIGNING OFFICER OR DIRECTOR

an officer or director of the cor in Block 12 or Block 13 if chan

SIGNATURE: