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 # (5)S72804 LABOR PRO, INC. Mailing Address Principal Place of Business PO BOX 30578 PO BOX 30578 PALM BEACH GARDENS FL 33420-0578 PALM BEACH GARDENS FL 33420-0578 3a. Date of Last Report 3. Date Incorporated or Qualified 08/12/1991 07/20/1995 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0302672 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes
Yes Mo Country Zip Country ZiD 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALKER, BARRY Street Address (P.O. Box Number is Not Acceptable) 82 7 GLENCAIRN RD PALM BEACH GARDENS FL 33418 83 85 Zip Code 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Hit gistared Agent signature required when reinstating) Signature, type dior priorited name of registered algent and title if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME WALKER, BARRY N NAME 7 GLENCAIRN ROAD 1.3 STREET ADDRESS STREET ADDRESS PALM BCH GRONS FL 14 City - ST - ZIP CITY - ST - ZIP Criange \_\_\_\_ Addition DELETE 2 1 TITLE ĎS TITLE WALKER, ELISABETH MCKEEN 2.2 NAME NAME 7 GLENCAIRN ROAD 2.3 STREET ADDRESS STREET ADDRESS PALM BCH GRONS FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREFT ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-S1-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6 4 City - ST - ZIP

NAME

STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR