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 # S78686 (0)GIUNTA ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 324 HYDE PARK AVE. P. O. BOX 2601 SUITE 215 TAMPA FL 33601 TAMPA FL 33606 tis 3a. Date of Last Report 3. Date Incorporated or Qualified 07/29/1991 04/18/1995 Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a. 59-3077556 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIUNTA, EDWARD F. III 11410 PALDAO RD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2100** 83 **TAMPA FL 33618** 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 12. 13. Change Addition DΡ TITLE DELETE 1.1 TiTLE GIUNTA, EDWARD F., II NAME 1.2 NAME CR2E034 11410 PALDAO ROAD 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33618 CITY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE GIUNTA, EDWARD F. 2 2 NAME NAME 10103 HAMPTON PLACE 2 3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY - ST - ZIP 2 4 CITY - ST-ZIP Change Addition DELETE 3 1 TITLE TITLE WILSON, KAREN G. 3.2 NAME NAME 324 S. HYDE PARK AVE., #215 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33606 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

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

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICEROR DIRECTOR

DELETE

DELETE

February F. Giunta, # 6/15/96, 813.251-5520

Change Addition

Change Addition