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 CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80417 (6)

1. Corporation Name

THE STOCK EXCHANGE OF ORMOND BEACH, INC.

Principal Place of Business	Mailing Address
398 S ATLANTIC ORMOND BEACH FL 32176	398 S ATLANTIC ORMOND BEACH FL 32176

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business	2a. Mailing Address
21 2424 N. Atlantic Ave	26 627 N. Grandview Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Daytona Beach, Fl	City & State 28 Daytona Beach, FL
Zip 24 32118 Country 25 USA	Zip 29 32118 Country 30 USA

4. FEI Number: 59-3088303 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NILES, PETER L.
600 SILVER BEACH AVE
DAYTON BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name: NORMAN FINK
82 Street Address (P.O. Box Number is Not Acceptable): 627 N. GRANDVIEW Ave
83
84 City: Daytona Beach FL 85 Zip Code: 32118

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] 7/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	FINK, NORMAN		1.2 NAME	NORMAN FINK
STREET ADDRESS	388 S ATLANTIC AVE		1.3 STREET ADDRESS	915 OCEANSHORE BLVD PH #S
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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.

SIGNATURE: [signature] 7.28.96 904 253 9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)