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 1996 DIVISION OF CORPORATIONS DOCUMENT # V24093 (9)E.J. FAUX. INC. Principal Place of Business Mailing Address STORE #44 STORE #44 275 VIA ROSADA 275 VIA ROSADA **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1992 04/28/1995 2. Principal Place of Business 2a. Mairing Address Applied For 21 26 65-0330647 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 2in Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIQ CORPORATE SERVICES INC. **526 EAST PARK AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 TALLAHASSEE FL 32301 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 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 Signature, typical or promoting monoting patential agent and tile if applicable (NO 'El Registered Agent signature required which rend maga-12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE DOLETE 1.1 THILE Change Addition LESSNER, EVELYN NAME 1.2 NAME 1111 S OCEAN BLVD APT 216 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Dhange Addition STILLMAN, JOANN NAME 2.2 NAME STREET ADDRESS 1111 S OCEAN BLVD APT 124 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** 2 4 C:TY - 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-SI-ZIP TITLE DELETE 41 TIFLE Change Addit on NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -SI - ZIP 4.4 CHTY - \$1 - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST-ZIP 5.4 O/TY - \$1 - Z/P THILE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 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 1 further certify that the information indicated on his 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 are an officer of director of the corporation or indeceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blocks i3 if changed, or on ar iment with an address SIGNATURE: >

SIGNING OFFICER OR DIRECTOR

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