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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS DOCUMENT # (9)V41691 THE SECOND SHIFT, INC. Principal Place of Business Mading Address 2403 10TH AVENUE NORTH 2403 10TH AVENUE NORTH LAKE WORTH FL 33461 LAKE WORTH FL 33461 3a. Date of Last Report 3. Date Incorporated or Qualified 06/04/1992 05/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0341325 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 City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for inlangible tax under s. 199 032 Country ŽΦ Ζφ Country Yes No Florida Statutes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RENNER, ROBERT B. 82 Street Address (P.O. Box Number is Not Acceptable) 2403 10TH AVENUE NORTH LAKE WORTH FL 33461 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE_B-g-stored Agent signature required when releasticing) Signature, typico or prioted cable of registered agent and the if applicable (96/8)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1 A TOTALE TITLE CR2E034 1.2 NAME NAME RENNER, ROBERT B. 1.3 STREET ADDRESS 2403 10TH AVENUE NORTH STREET ADDRESS 1.4 City - St - ZiP LAKE WORTH FL CITY - ST - ZIP Change Addition DELE TE 2.1 1111.5 TIFLE 2.2 NAM5 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 1111.6 TITLE 4 2 NAME NAME 4.3 STREET ACKIDINESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - 2IP CITY - ST - ZIF Change Addition DELFTE 6.1 Till.E TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY - ST - ZIP

on an attachment with an address

SIGNATURE:

14. I do hereby certify that the further certify that the information made under path, that I am an of

that my name appears in E

CITY - ST - ZIP

ation supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I 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 service this report as required by Chapter 617, Florida Statutes, and