SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$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)B & C PROMOTIONS, INC. Mailing Address Principal Place of Business 220 PINE CONE LANE 733 W. COLONIAL DRIVE LONGWOOD FL 32779 ORLANDO FL 32804 3a. Date of Last Report 3. Date Incorporated or Qualified 06/27/1995 06/08/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3133375 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Tes No Honda Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GROCE, ELLSWORTH L. Street Address (P.O. Box Number is Not Acceptable) 82 220 PINE CONE LANE LONGWOOD FL 32779 83 Zip Code 85 City 11. Pursuant to the provisions of Sections 607.050? 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 (NC)16. Be gotered Agent signature required when reinstating) Signature, typed or profesticable of registered agent and theid applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Adoition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME GROCE, ELLSWORTH L NAME 220 PINE CONE LANE 13 STREET ADDRESS STREET ADDRESS LONGWOOD FL 14 City - \$1 - ZiP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE GROCE, L. MICHELE 2.2 NAME 1037 S. HIAWASSEE RD. 2 3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST ZIP CITY-ST-ZIE Change Addition DELETE 4.1 TUTLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELFTE 51 TITLE TITLE 52 NAMÉ NAME

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is willunfarily 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 furestory if the colored for the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Bloof 12 or Block 13 y chapter of the tective remains an address.

53 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6.1 THE F

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

06/25/96 51858106K

Change Addition