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 # (5)V44903 ANDREW E. MCCAW & ASSOCIATES, INC. Mailing Address Principal Place of Business 222 W.CANTON AVE 222 W.CANTON AVE SHITE 102 SUITE-102 WINTER PARK FL 32789 3a. Date of Last Report Date incorporated or Qualified WINTER PARK FL 32789 06/19/1992 05/12/1995 Applied For 4. FÉI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3128584 174 W. CONFLOCK AND 174 W. COMSTOCK AVE \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required いる ひい SUITE \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution under s. 199 032 This corporation has liability for intangible to Yes 🛮 No Florida Statutes OKANGE 29 ORADGE Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MCCAW, ANDREW E. Street Address (P.O. Box Number is Not Acceptable) 82 222 W CANTON AVE **SUITE 214** 83 WINTER PARK FL 32789 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. I hereby accept the appointment as registered agent, a material armitian with, and accept the obligations of, Section 607.0505, Florida Statutes. male done ja lik THE Speed or protect mane of regressed agent and the darp tracking (parts SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 12. Change Addition PRESIDED / DIRECTOR DELETE 1.111111 TITLE MCCOW FHOUSE E 1.2 NAME MCCAW, ANDREW E. NAME 1.3 STREET ADDRESS 174 W. COMSTOCK WE 222 W CANTON AVE STREET ADDRESS 1.4 CITY - ST - ZIP WINTER PARK FL CITY-ST ZIP DELETE 21 TIFLE THUE n 2.2 NAME MCCAW, ANDREW F NAME 23 STREET ADDRESS 222 W CANTON AVE STREET ADDRESS 2 4 CITY - ST - ZIP WINTER PARK FL CITY-ST-ZIP Change Addition 3 1 11TLE DELETE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELFTE 51 THE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 directly 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 frichanged, or on an attachment with an address

SIGNATURE: __

SIGNATURE AND THE DESIGNING OFFICER OR DIRECTOR TOPEN TO MECAW JUNE 18 96

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