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 #
1. Corporation Name (8)V47839 MEDALLION SOLAR COMPANY Mailing Address Principal Place of Business 1107 S. DIVISION ST. P. O. BOX 916035 LONGWOOD FL 32791-6035 ORLANDO FL 32805 3a. Date of Last Report 3. Date Incorporated or Qualified 07/25/1995 06/25/1992 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3130365 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199 032, Country Zip Country Zio Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIROFF, JAMES A Street Address (P.O. Box Number is Not Acceptable) 304 SWEETWATER COVE BLVD., N. 82 LONGWOOD FL 32779 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 [hOle Regulered Agent signature required when reinstaling) 5 gnature. Typed or pented name of registered agent and the diapplicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME DIROFF, JAMES A. NAME 13 STREET ADDRESS 304 SWEETWATER COVE BLVD., N. STREET ADDRESS 1 4 CITY - ST - ZIP LONGWOOD FL Change Addition CITY - ST - ZIF DELETE 2 1 TITLE TITLE 2 2 NAME COLLOM, DAVID MAME 2 3 STREET ADDRESS 3113 BIRDS REST PL STREET ADDRESS 2 4 CITY - ST-ZIP KISSIMMEE FL Change Addition CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CiTY-ST-ZIP Change ____ Addition CITY-ST-ZIP DELETE 41111tE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 511006 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS htanly jurnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I supplemental and that my signature shall have the same legal effect as if while received in the state empowered to execute this report as required by Chapter 617, Florida Statutes; and trachment with amaddress 64 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is volud further certify that the information indicated on this annual report out made under oath, that I am an officer or director of the corporatury of that my name appears in Block 12 or Block 13 if charged, or or of a

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SIGNATURE: