**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 ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56361 (1)

1. Corporation Name
**FLORIDA UNDERCOVER CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 292474<br>DAVIE FL 33329-2474 | 14151 S.W. 26 ST.<br>DAVIE FL 33325<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 14151 S.W. 26st | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 DAVIE, FLORIDA | City & State<br>28 |
| Zip / Country<br>24 33325 / 25 BROWARD | Zip / Country<br>29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>08/05/1992 | 3a. Date of Last Report<br>08/14/1995 |
| 4. FEI Number<br>65-0350172 | Applied For / Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No | |

**9. Name and Address of Current Registered Agent**

SCHUPOLSKY, JAMES W.
14151 SW 26TH ST.
DAVIE FL 33325

**10. Name and Address of New Registered Agent**

81 Name: DR. YVONNE G. MORAN
82 Street Address (P.O. Box Number is Not Acceptable): 14151 S.W. 26st
83
84 City: DAVIE, FL FL 85 Zip Code: 33325

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dr. Yvonne G. Moran (NOTE: Registered Agent signature required when filing) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MORAN, YVONNE G DR.<br>14151 SW 26TH ST.<br>DAVIE FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | P/T<br>MORAN, YVONNE G. DR.<br>14151 S.W. 26 street<br>DAVIE, FL 33325 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>SCHUPOLSKY, JAMES W.<br>14151 S.W. 26 ST.<br>DAVIE FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | S<br>SCHUPOLSKY, James W.<br>14151 S.W. 26 street<br>DAVIE, FL 33325 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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)(i), 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 director 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 if changed, or on an attachment with an address.

**SIGNATURE:** Dr. Yvonne G. Moran Dr. YVONNE G. MORAN 7/28/96 954-472-1479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number