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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # ABLEGATE INCORPORATED Principal Place of Business Mailing Address 441 VIRGINIA DRIVE 441 VIRGINIA DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3141516 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032 24 25 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name WEISS. HERBERT 441 VIRGINIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (f-OTE Registered Ages Leignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)TITLE DELETE 1.1 TiTLE Change Addition Weiss, Herbert 1.2 NAME CR2E034 STREET ADDRESS 441 VIRGINIA DRIVE 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 14 CITY - ST - ZIP DELFTE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City SI-ZiP TITLE DELETE 3.1 1111.6 Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELFTE 4.1 THUE Change Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 61 THTLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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)(x). 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 arman off or 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 Alck 13 on Block 13 if changed or or an attachment with an address.

SIGNATURE: HULLION HER BIGHAURE MALE OF SIGNING OFFICER OF DIRECTOR WELLS CEO 6/27/94 (407)644-7259