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 PROFIT CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (3)**OUR DESTINY, INCORPORATED** Principal Place of Business Mailing Address 7226 W. COLONIAL DR. 7226 W. COLONIAL DR. ORLANDO FL 32818 ORLANDO FL 32818 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/27/1995 08/24/1992 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business 59-3141399 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s= 199.032, Florida Statutes ☐ Yes ☑ No Country Zip Zip 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ORENZO HILL HILL LORENZO 82 2105 HOWELL BRANCH ROAD MAITLAND FL 32751 83 CHICASSELBERRY 85 Zin Code 3270 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 femiliar with, and accept the obligations of Section 607.0505. Florida Statutes

SIGNATURE

Signature board or one time of treatment appointment as registered.

Signature board or one time of treatment appointment as registered. name of registered agent and title if applicati ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change Adultion 1 1 TITLE TITLE HILL, LORENZO 78 5 WINTER PARK DR. CR2E034 1.2 NAME HILL, LORENZO NAME 1.3 STREET ADDRESS 2105 HOWELL BRANCH ROAD STREET ADDRESS 14 CHY - ST - ZIP MAITLAND FL CITY-ST-ZIP Addition Change ____ DELETE 2 1 TITLE TITLE 2.2 NAME VESTAL , MICHAEL NAME 2.3 STREET ADDRESS 4439 GOLDEN RAIN CT. STREET ADDRESS 2 4 CITY - ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SF-ZIP CITY - ST - ZIP Change Addition DELETE 41 Title TITLE 4.2 NAME NAME 4 3 STREET ADORESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY - ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 Oity - SF-ZIP CITY - ST- ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CiTY - ST - 7iP 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. 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 all achieving with an address. 7-9-96 407-294-5777

SIGNATURE: