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 1996 DIVISION OF CORPORATIONS DOCUMENT # V61534 (6)NOTTOLI CONSTRUCTION AND REMODELING, INC. Principal Place of Business Mailing Address 5838 S.W. 49TH ST. 5838 S.W. 49TH ST. MIAMI FL 33155 MIAMI FL 33155 US 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1992 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4 FEL Number Applied For 21 26 65-0354806 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{ip} Country Zio Country 8. This corporation has liability for intangible lax under s 199.03?
Florida Statutes Yes 図 No リルケッド 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NOTTOLI, GUY 5838 S.W. 49TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City Zip Code 85 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 DATE Signature: type-illor printed hame of registered agont and the if applicable (NOTE By gistered Agent signature required when resistation) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/8) TITLE DELETE 1.1 Tille NAME NOTTOLI, GUY 1.2 NAME R2E034 5838 S.W. 49TH ST. STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-SI-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 I TOTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE. 5.1 TIME Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - S* - 7iP TITLE DELETE 6 1 TITLE ____ Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS OTY-ST-7P 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filling 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

NOTTOLI 10 JULY 1996 (305) (61-2514)
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that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: -

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