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 # V62059 (3)

1. Corporation Name

SOUTH FLORIDA RECONSTRUCTION CORPORATION

Principal Place of Business

% ALLAN WOLPOWITZ, M.D.
3427 JOHNSON STREET
HOLLYWOOD FL 33021
US

Mailing Address

% ALLAN WOLPOWITZ, M.D.
3427 JOHNSON STREET
HOLLYWOOD FL 33021
US

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 300 PIERCE ST
Suite, Apt. #, etc.
22 Apt #9.
City & State
23 Hollywood FL
Zip 24 33019 Country 25 USA

2a. Mailing Address
26 PO Box 36
Suite, Apt. #, etc.
27
City & State
28 DANIA FL
Zip 29 33004-0036 Country 30 USA

4. FEI Number: 65-0376149 — 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

MILICH, LEE
11900 BISCAYNE BLVD.
SUITE 809
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLPOWITZ, ALLAN
STREET ADDRESS	3427 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021
	☒ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	ALLAN WOLPOWITZ AND TERI WOLPOWITZ
1.3 STREET ADDRESS	PO BOX 36, DANIA, FL 33004-0036.
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(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 attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/12/96. Daytime Phone #: 954-9257210