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 # V65085 (5)MYRON L. PEDERSON, P.A. Principal Place of Business Mailing Address 853 VANDERBILT BEACH RD 853 VANDERBILT BEACH RD #203 #203 NAPLES FL 33963 NAPLES FL 33963 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1992 02/06/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0364224 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Furid Contribution Added to Fees Zio Zin Country 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEDERSON, MYRON L. 853 VANDERBILT BEACH RD Street Address (P.O. Box Number is Not Acceptable) **B2 #203** 83 NAPLES FL 33963 84 City 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby 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 harm, of regulared agent and tile if applicable (NOTE\_Registered Agent signature required when recisturing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition NAME PEDERSON, MYRON L. 1.2 NAME CR2E034 853 VANDERBLT BCH RD 203 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 14 CITY - ST-ZIP TITLE DELETE 2.1 TrTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELFTE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 Tifle Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CHY - ST-ZIP THILE DELETE 5.1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - 716 TITLE DELETE 61 THILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - Z/P 6.4 CITY - ST - ZIP 14. I do bereby 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 1 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 logal effect as if made under oath, that I am an object or director of the corporation or the required or bystoc empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Blod 3.2 by Block 13 if changed or of an attachment with invaddress.

SIGNATURE:

D OR PRINTED NAME OF SIG

(96/8)

7/8/96 941-548-3379