SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 15 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # V71773 (8)DIANE MCMULLEN, P.A. Principal Place of Business Mailing Address 15600 S.E. 47TH AVENUE 15600 S.E. 47TH AVENUE SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3146869 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Ba 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCMULLEN, DIANE L 15600 SE 47TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SUMMERFIELD FL 34491 В3 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rog stered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TiTLE MCMULLEN, DIANE NAME 1.2 NAME 15600 SE 47TH AVENUE STREET ADDRESS 1.3 STREET ADORESS SUMMERFIELD FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z# 2.4 CITY-ST-ZIP DELETE Change noitibb TITLE 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME **63 STREET ADDRESS**

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Change

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