

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

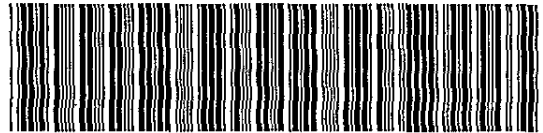
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



500037809345

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

FILED

**CORPORATION
ANNUAL REPORT
1988**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

017109
THE CORPORATION COMPANY
c/o C.T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida

06/23/1925

4. Federal Employer Identification Number (FEN)

51-0099484

5. Date of Last Report

06/30/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
THORNE, OAKLEIGH	P/D	1209 ORANGE STREET	WILMINGTON, DE	
FINORA, JOSEPH J.	T	1209 ORANGE STREET	WILMINGTON, DE	
LOTORTO, LOUIS A.	V/D	1209 ORANGE STREET	WILMINGTON, DE	
KLINGENER, ELLEN	S	1209 ORANGE STREET	WILMINGTON, DE	
ALLEN, DONALD R.	A/S	8751 W BROWARD BLVD	PLANTATION, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 807.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida _____

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6)

Signature
Joseph J. Finora
Typed Name of Signing Officer or Director
Joseph J. Finora

Title
Treasurer

Date
6/23/88
Telephone Number

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR03034 (1/88)