## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 J39595 (0)DOCUMENT # PREVIOUSLY OWNED, INC. Principal Place of Business Mailing Address 3640 INVESTMENT LN. #21 1100 S FEDERAL HWY RIVIERA BCH. FL 33404 SUITE 4 BOYNTON BEACH FL 33435-5650 3. Date Incorporated or Qualified 3s, Date of Last Report 10/27/1986 04/15/1996 2. Principal Place of Business Mailing Address FEI Number Applied For 28. 65-0039870 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAY, BEN 3640 INVESTMENT LN. #21 82 Street Address (P.O. Box Number is Not Acceptable) **RIVIERA BEACH FL 33404** 83 Zip Code his of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered int, 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 in and accept the obligations of, Section 607.0505, Florida Statutes. Pursuant to the provision office or registered a HAY PLESIDENT ed agent and title il applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ΡĎ DELETE Addition Change TITLE 1.1 TITLE HAY, BEN NAME 12 NAME 1520 S. 24TH CT. STREET ADDRESS 1.3 STREET ADDRESS RIVIERA BEACH FL CITY - S1 - ZIP 1.4 CITY-ST-ZIP ST DELETE Change Addition TITLE 2.1 TITLE HAY, BETTY 22 NAME NAME 1520 S. 24TH CT. STREET ADDRESS 2.3 STREET ADDRESS RIVIERA BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-78 3.4. CITY-ST-ZIP DELETE Addition Change THILE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C(1Y-ST-2)) THILE DELETE 5.1 TITLE Change Addition 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIE

SIGNATURE: 2

appears in Block 12 or Block

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 suppliemental 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

**FILED** 

Apr 30 1997 8:00am

0320034

96/6)