

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L84996

(2)

1. Corporation Name
 AVANT GARDE USA, INC.

Principal Place of Business

167-A LOOKOUT PLACE
 MAITLAND FL 32751
 US

Mailing Address

P.O. BOX 2951
 WINTER PARK FL 32790-2951
 US

2. Principal Place of Business

21 | Subj., Apt. #, etc.
 22 | City & State
 23 | Zip | County
 24 |

2a. Mailing Address

26 | Subj., Apt. #, etc.
 27 | City & State
 28 | Zip | County
 29 |

9. Name and Address of Current Registered Agent

KEY, LESLIE A
 167-A LOOKOUT PLACE
 MAITLAND FL 32751

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 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	PVST	[]	[]
NAME	KEY, LESLIE A	[]	[]
STREET ADDRESS	167-A LOOKOUT PLACE	[]	[]
CITY/STATE/ZIP	MAITLAND FL	[]	[]
TITLE		[]	[]
NAME		[]	[]
STREET ADDRESS		[]	[]
CITY/STATE/ZIP		[]	[]
TITLE		[]	[]
NAME		[]	[]
STREET ADDRESS		[]	[]
CITY/STATE/ZIP		[]	[]
TITLE		[]	[]
NAME		[]	[]
STREET ADDRESS		[]	[]
CITY/STATE/ZIP		[]	[]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President	[]	[]	[]
12 NAME	Barry J. Kaplan, D.O.	[]	[]	[]
13 STREET ADDRESS	167-A Lookout Pl.	[]	[]	[]
14 CITY/STATE/ZIP	Maitland FL 32751	[]	[]	[]
21 TITLE		[]	[]	[]
22 NAME		[]	[]	[]
23 STREET ADDRESS		[]	[]	[]
24 CITY/STATE/ZIP		[]	[]	[]
31 TITLE		[]	[]	[]
32 NAME		[]	[]	[]
33 STREET ADDRESS		[]	[]	[]
34 CITY/STATE/ZIP		[]	[]	[]
41 TITLE		[]	[]	[]
42 NAME		[]	[]	[]
43 STREET ADDRESS		[]	[]	[]
44 CITY/STATE/ZIP		[]	[]	[]
51 TITLE		[]	[]	[]
52 NAME		[]	[]	[]
53 STREET ADDRESS		[]	[]	[]
54 CITY/STATE/ZIP		[]	[]	[]
61 TITLE		[]	[]	[]
62 NAME		[]	[]	[]
63 STREET ADDRESS		[]	[]	[]
64 CITY/STATE/ZIP		[]	[]	[]

14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in section 419.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 registered agent employed 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 in Block 14 if changed with an address.

SIGNATURE:

8/03/98 407-647-4411

CR20041539