

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000014532**

Corporation Name
923, INC.



Principal Place of Business 64 BISCAYNE BOULEVARD MIAMI FL 33161	Mailing Address 11064 BISCAYNE BOULEVARD MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1998	
4. FEI Number 65-0817084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name KATHY BERMAN		82 Street Address (P.O. Box Number is Not Acceptable) 11064 BISCAYNE BLVD.		83 MIAMI, FLORIDA		84 City	
85 FL		85 Zip Code 33161					

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **7/5/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE EET ADDRESS 'ST-ZIP	STV BERMAN, JEROME 11064 BISCAYNE BOULEVARD MIAMI FL 33161 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS 'ST-ZIP	P BERMAN, KATHY 11064 BISCAYNE BOULEVARD MIAMI FL 33161 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS 'ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS 'ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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E IE EET ADDRESS 'ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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.

SIGNATURE: *[Signature]* DATE: **7/5/99** 3058922435

CR2E034 (5/99)

923 Enc 585449-90020-25
IBA. ~~XXXXXXXXXX~~
P98000014532



CATERING
FOR ALL OCCASIONS

7/5/95

To Whom It May Concern,

I cannot find the original
corp annual report. Either it was never
delivered or was lost in the mail.
Please except my check for \$15000 as
payment for annual filing

Thank you,

Greg Bertram
see memo.

P.S. Many people who live in our area have had
problems with mail that was not delivered.