## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT	# P960	0009	99746	(5)						
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	.2011110,	1140.								<b>I</b> I	
Principal Place of Business				Mailing Address					a reassagt til thise brite andt brite b	11	
10475 RIVERSIDE DRIVE				10475 RIVERSIDE DRIVE							
BAY 28 PALM BEACH GARDENS FL 33410				BAY 28 PALM BEACH GARDENS FL 33410					DO NOT WRITE IN THIS SPACE		
THE PERCH CHIPCHO I L SOTIO				TALM DENOTI CARDENO PE 30410					3. Date Incorporated or Qualified 3a. Date of Last Report		
ļ									12/10/1996		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied F	or	
<del></del>				26					65-0713154 Not Appli		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addition	nel	
22 City & State				City & State					Fee Required		
<del> </del>   `  -				8					6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
Zip				Zip Country					8. This corporation owes or has paid the current year Intaggible		
24	25			9 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											
MALONE, JAMES						81	Name			İ	
10475 RIVERSIDE DRIVE				82 Street Add			Street	Addre	ess (P.O. Box Number is Not Acceptable)		
BAY 28						83					
PAL	W REACH	GARDENS FL 334	110			63					
						84	City		FL 85 Zip Code		
11. Pursuant 9	to the provisi	ons of Sections 607	0502 and	607.1508 Florida	a Statute:	s the above	named	corno		ered	
office or re	egistered ag	ent, or both, in the S	tate of Flo	rida. Such chang	o was au	ithorized by	the corp	oitatoc	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registe	red	
SIGNATURE	TI ICITIIIICII YI	in, and accept the o	Digutoris	01, 30011011 007.0	1505, 1 101	ida Olaidios	•				
SIGNATURE	Signalure, typed	or printed name of registers	d agent and tr	tle if applicable	(NOTE:	Registered Age	nt signature	required	ed when reinstating) DATE	<del></del>	
12.	<u> </u>	OFFICERS	AND DIR			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	_	IAMES		L DEL	.tit	1.1 TITLE		5	☐ Change 🔯 Ai	dollion	
NAME STREET ADDRESS	MALONE, JAMES 3146 LYCHEE STREET			1.2 NAME 1.3 STREET ADDRESS			*DDDCGG	31	LDITH J. MALONE	ļ	
CITY-ST-ZIP	LAICE DARK EL COLOG				1.4 CITY- ST-ZIP		310	146 Lychee St. OKE PARK, FL 33403	1		
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STREET ADDRESS						6.3 STREET					
CITY-ST-ZIP						6.4 CITY-S	[-ZIP	L			

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 trusted 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. (561)