SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

STREET ADDRESS

appears in Block 12 or Block 13 if changed, of

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 21 1997 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 237510 (3)2801 INCORPORATED Principal Place of Business Mailing Address **ELEANOR ALBE ELEANOR ALBE** 2801 NE 14TH ST 2801 NE 14TH ST DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1960 03/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-0907721 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 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALBE, ELEANOR 2801 NE 14TH ST Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33304 83 R4 City Zip Code 11. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 76/4 DELETE Change Addition TITLE 1.1 TOTALE NAME ALBE, ELEANOR 1.2 NAME STREET ADDRESS 2801 NE 14TH ST 1.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITUE MANDALA, GEORGE 22 NAME NAME 2801 NE 14TH ST 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE RIDDLE, JOHN NAME 3.2 NAME 2801 NE 14TH ST 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 3 4. CHY-ST-7IP DELETE Change ☐ Addilion 4.1 TITLE TITLE MANSON, JANET NAME 4, 2 NAME 2801 NE 14TH ST STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 1HLF Change Addition TITLE D STEINLAUF STEINCAUF, ROBERT NAME 5.2 NAME 2801 NE 143 ST STREET ADDRESS 5.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 617016 NAME 6.2 NAME

63 STREET ADDRESS

6.4 Crty-St-ZIP

with an address.

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 Statules. I further certify that the information indicated on this annual report or supplemental apply is report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or the corporation or the receiver or the corporation or the receiver or the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the receiver 7/15/11 10/12-12/

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.)

COR ANNU	PROFIT PORATION JAL REPORT 1997	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
i. Odipolatioi	MENT # 2375 CORPORATED	10 (3)			
2001 114	CONFORTED			 1907 1808 1808 1808 1808 1808 1808 1808 1808 1808 1808 1808 1808 1808	I BIGIL BURN PIRK BIRU RIGIL BURN (RRI
Principal Place	of Businoss	Mailing Address			
ELEANOR ALBE ELEANOR ALBE 2801 NE 14TH ST 2801 NE 14TH ST FT LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304			ı	DO NOT WRITE	IN THIS SPACE
U\$		U\$		3. Date Incorporated or Qualified	3a. Dale of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		06/13/1960 4. FEI Number	03/21/1996 Applied For
21		26		59-0907721	Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country	This corporation owes or has pa Personal Property Tax due June	
24	9. Name and Address of C		30	10. Name and Address of New Re	
	E, ELEANOR		B1 Name		
	NE 14TH ST		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
FTL	AUDERDALE FL 33304		83		<u> </u>
			04 05		85 Zip Code
			84 City		
office or re	eaistered agent, or both, in the	State of Florida, Such change was at	ithorized by the corporat	poration submits this statement for the pation's board of directors. Thereby acception's	urpose of changing its registered at the appointment as registered
agent. I ar	n familiar with, and accept the	obligations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registr	red agent and title it applicable (NOTE:	Rogistered Agent signature requir	red when reinstating)	DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PD Albe, Eleanor	LI Otter	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	2801 NE 14TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 000		1.4 CITY-ST-7IP		
TITLE	Ť	☐ DELETE	2.1 TIME		Change Addition
NAME CIOCCY ADDRESS	MANDALA, GEORGE		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE, FL 000	00	2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	RIDDLE, JOHN		3.2 NAME		
STREET ADDRESS	2801 NE 14TH ST FT LAUDERDALE, FL 000	Μ	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DS	DELETE	3.4. CITY - ST - 71P 4.1 THILE		☐ Change ☐ Addition
NAME	MANSON, JANET		4. 2 NAME		-
STREET ADDRESS	2801 NE 14TH ST	••	4,3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT LAUDERDALE, FL 000	DELETE	4.4 CRY+ST-ZIP 5.1 TITLE		Change Addition
NAME	STEINCAUF, ROBERT	_ vector	5.2 NAME	STEINLAUF	
STREET ADDRESS	2801 NE 143 ST		5.3 STREET ADDRESS	·	
CITY-ST-ZIP	FT. LAUDERDALE FL	Dones	5.4 C(1Y - S1 - Z(P		Ohone Care
TITLE NAME		DELETE	6.1 TITLE G.2 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb Information	y certify that the information su n indicated on this annual repo	pplied with this filing doos not qualify it or supplemental appeal report is tru	for the exemption stated ie and accurate and that	I in Section 119.07(3)(i), Florida Statules my signature shall have the same loga	s. I further certify that the l effect as if made under oath, that
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), Fiorida Statutes. I further certify that the Information indicated on this annual report or supplied with larged is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the poculacy or proper on powered 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 or any attriction and address.					
7/15/97 006/25-261					