

SECOND 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).

004631

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **247043**

1. Corporation Name
AUDCO INC

Principal Place of Business
**1900 SW 57TH AVENUE
2
MIAMI FL 33155
US**

Mailing Address
**1900 SW 57TH AVENUE
2
MIAMI FL 33155
US**

FILED

99 AUG 10 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0948455	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 WOODRUFF, ROY F 1900 SW 57TH AVENUE, STE 2 MIAMI FL 33155				10. Name and Address of New Registered Agent	
				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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, AUDRA B	1.2 NAME	900002962359--3
STREET ADDRESS	1900 SW 57TH AVE, STE 2	1.3 STREET ADDRESS	-08/17/99--01066--007
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIM, ROBERT W	2.2 NAME	VS
STREET ADDRESS	1900 SW 57TH AVE, STE 2	2.3 STREET ADDRESS	ROY F. WOODRUFF
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	1900 S.W. 57 AVE
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

305-244-0255

CR2E034 (5/99)

NOTE:

MRS HANNA IS AN ELDERLY LADY
(ABOUT 87 YRS OLD). SHE HAS BEEN ILL AND
DID NOT FILE THIS REPORT ON TIME.

WE ARE FORWARDING A CHECK FOR
\$1500. PLEASE ACCEPT THIS AS OUR
ANNUAL REPORT FEE

Roy F Woodward, Accountant

COMPUTER TAX & ACCOUNTING SERVICES

1900 SW 57th Avenue Suite # 2

Miami, Fl. 33155-2154

Phone (305)269-0255 - Fax 269-0272

July 28, 1999

Katherine Harris
Secretary of State
State of Florida
Tallahassee, Florida 32314

Re: AUDCO INC
1900 SW 57th Ave # 2
Miami, Fl 33155

Dear Ms. Harris:

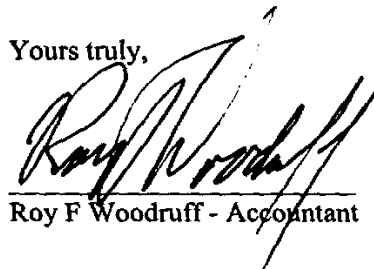
Mrs. Audra Hanna is the sole Officer and Director of Audco Inc. She is 88 years old, legally blind and under constant medical care for lung disease for the past two years.

Audco Inc. has been in existence since 1969. As a result of her medical problem the Annual Report was not filed on time, resulting in a penalty assessment of \$ 400.00

It is shameful that this penalty was not abated by the Division of Corporation, and Mrs. Hanna has requested that I file this appeal to correct this inequity.

Thank you for your cooperation.

Yours truly,

A handwritten signature in black ink, appearing to read "Roy F Woodruff", written over a horizontal line.

Roy F Woodruff - Accountant