## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 335144

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| Principal Place of Business  | Mail-ng Address                               |  |  |  |
|--|---|--|--|--|
| 11 S.W. STH CT.<br>POMPANO BEACH FL 33060<br>US  | P.O. BOX 295<br>POMPANO BEACH FL 3            | 13061-7295   |  |  |
|  |   |  | 3. Date Incorporated or Qualified 09/17/1968   | <b>3a.</b> Date of Last Report <b>04/27/1995</b>   |
| 2. Principal Place of Business   | 2a. Mailing Address                           |  | 4. FEI Number  | Applied For  |
| Suite. Apt #, etc  | Suite, Apt #, etc                             |  | 59-1275754   | Not Applicable   |
| 2  | 27  |  | 5. Certificate of Status Desired   | - \$8.75 Additional Fee Required   |
| City & State   | City & State                                  |  | 6. Election Campaign Financing   | \$5.00 May Be  |
| Zip Country  | 28  |  | Trust Fund Contribution  | Added to Fees  |
| Zip Country  | Zip<br><b>29</b>                              | Country  | 8. This corporation has liability for inta   |  |
| 9. Name and Address of Curr  |   | 30   | Florida Statutes  10. Name and Address of New Regis  | Yes No   |
| TYSON, PAULINE T.  |   | 81 Name  | to. Hattie and Address of New Regis  | tereu Agent  |
| 11 SW 5TH CT   |   | 82 Street Add  | dress (PO Box Number is Not Acceptable)  |  |
| P.O. BOX 10975   |   |  |  |  |
| POMPANO BEACH FL 33061   |   | 83   |  |  |
|  |   | 84 City  |  | <b>85</b> Zip Code   |
| Pursuant to the provisions of Sections 607.05 office or registered agent or both, in the Stat agent I am familiar with, and accept the obj.  | i02 and 607 1508 Florida Statul               | es the above paped co  | porotion of the state of the st | FL   |
|  |   |  |  |  |
| Signature, typed or printed name of registered a   | gent and title if applicable (NO NO DIRECTORS | If Registered Agent signature requi  |  | CATE   |
| Signature - typed or printed name of registered a  2. OFFICERS A  ILE PD   |   | · · · · · · · · · · · · · · · · · · ·  | red when revisialing) ADDITIONS/CHANGES TO OFFICER   | IS AND DIRECTORS IN 12   |
| Signature: typed or printed name of registered at 2.  OFFICERS A ILE PD AME TYSON, PAULINE T.  | ND DIRECTORS                                  | 13.  |  | IS AND DIRECTORS IN 12   |
| Signature: typed or printed name of registered at 2.  OFFICERS A TLE PD TYSON, PAULINE T.  11 SW 5TH CT  | ND DIRECTORS                                  | 13.  |  | IS AND DIRECTORS IN 12   |
| Signature   typed or printed name of registered a   2.   | ND DIRECTORS  DELETE                          | 13. 11 Till F 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP   |  | S AND DIRECTORS IN 12  Change  |
| Signature typed or printed name of registered at 2. OFFICERS A ILE PD TYSON, PAULINE T. 11 SW 5TH CT POMPANO BEACH FL V  | ND DIRECTORS                                  | 13. 11 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TILLE   |  | S AND DIRECTORS IN 12  Change Addition   |
| Signature typed or printed name of registered at 2. OFFICERS A ILE PD TYSON, PAULINE T. 11 SW 5TH CT POMPANO BEACH FL V MAYS, BLANE A.   | ND DIRECTORS  DELETE                          | 13. 11 TILLE 12 NAME 13 STREET ADDRESS 14 CITY: SI-ZIP 2: TILLE 22 NAME  |  | S AND DIRECTORS IN 12  Change Addition   |
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

6-17-96

(954) 943-1551