

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.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 628689

(2)

1. Corporation Name

WABASSO BEACH MARKET, INC.

Principal Place of Business

2126 85TH ST.
VERO BCH. FL 32963
US

Mailing Address

2126 85TH ST.
VERO BCH. FL 32963
US

FILED

97 JUL 24 AM 8: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		28		07/05/1979		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1919438		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		Country		Country	
25		30		30		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, BURNEY J. 1623 US HWY. #1 SEBASTIAN FL 32958				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	PVD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHAW, MARY	1.2 NAME					
STREET ADDRESS	2126 85TH ST.	1.3 STREET ADDRESS					
CITY - ST - ZIP	VERO BCH. FL	1.4 CITY - ST - ZIP					
TITLE	STD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHAW, MARY	2.2 NAME					
STREET ADDRESS	2126 85TH ST.	2.3 STREET ADDRESS					
CITY - ST - ZIP	VERO BCH. FL	2.4 CITY - ST - ZIP					
TITLE	VD	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FLEMING, JOHN	3.2 NAME					
STREET ADDRESS	2126 85TH ST	3.3 STREET ADDRESS					
CITY - ST - ZIP	VERO BEACH FL	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 type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 CITY - ST - ZIP					

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 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 *MARY SHAW* 7-21-97 407-676-4940 HM

CR2E034 (4/97)

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7-21-97

Dear Sirs

The first notice of our annual report was never received by our store or it would have been paid when received as all the past notices have. It is not our intent to avoid any dues required by the State of Florida.

Sincerely

Mary Shaw
P.O. Box 1234 Mt.