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.)

Jul 28 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (5) STRATFORD ENTERPRISES, INC. Principal Place of Business Mailing Address 1230 N HWY A1A 2800 SO OCEAN BLVD., #21M SATELLITE BCH FL 32937 **BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1979 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1980749 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Z_{P} Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, WILLIAM T. 2800 SO OCEAN BLVD., #21M 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TATLE DELETE 1.1 TITLE Addition WILLIAMS, WILLIAM T. 1.2 NAME NAME CR2E034 2800 S. OCEAN BLVD. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILLIAMS, VIRGINIA NAME 2.2 NAME 2800 S. OCEAN BLVD. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 1ITLE TITLE WILLIAMS, WILLIAM, JR. NAME 3.2 NAME 13850 ELDER CT. STREET ADDRESS 3.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELFTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; 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

FILED

(4/97)