

4-11-95 6:37-NO
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**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 APR 11 PM 3:03

DOCUMENT # 698440 (5)

1. Corporation Name
ATTIQUE, INC.

Principal Place of Business
**608 NORTHWEST 21 ST STREET
 FT LAUDERDALE FL 33311**

Mailing Address
**608 NORTHWEST 21 ST STREET
 FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/11/1981** 3a. Date of Last Report **01/28/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

65-0053699

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, DIANE
 608 N.W. 21ST STREET
 WILTON MANORS 33311**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
 NAME **WALKER, DIANE N**
 STREET ADDRESS **608 NW 21ST ST**
 CITY- ST- ZIP **WILTON MANORS, FL 00000**

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY- ST- ZIP

TITLE **VS**
 NAME **BOWEN, PHILIP R.**
 STREET ADDRESS **608 NW 21ST ST**
 CITY- ST- ZIP **WILTON MANORS, FL 00000**

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Philip R. Bowen* **Philip R. BOWEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95 305-561-4261
Date License #