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.)

CORPORATION ANNUAL REPORT

Aug 29 1997 8:00am Secretary of State FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Convolues of Ctata

FILED

	1997		DIVISION OF C					orcia	ly Ol	Ju	ate	
t -	MENT # F9 AL DATA SERVICES	60000010 5, INC.	034 (5)									
Principal Place	e of Business	1300	g Address WATERWAY COVE PALM BEACH FL 33	414					i Beliji biji ta Pl o ji bij i	JO HINIF U	<u> </u>	
1128 K	Gran Falm	Bearn Bi	al al 28%	717					IN THIS SPACE			-
ROUM	Palm &	CACN. F	334//	,			3. Date Incorporated 02/29/1996	or Qualified	3a. Date of La	st Hep	ort	
2. Principal P			iling Address				4. FEI Number		4 ./2 4	Appli	ied For	
21 // 38		DCH AND 26	JAME.				#FFFED-F6	R 65-0	646368	+	Applicable	-
- N	etc. 28/	27	ite, Apt #, etc.				5. Certificate of Status	s Desired		'D Add e Requ	ditional iired	
City & State	of Polm Beau	4 FL 28	y & State				6. Election Campaign Trust Fund Contrib	-		00 M		
_ Z2.	Country	A Zip	+	Cou	ntry		8. This corporation ov		′	_	~	
24 724	9. Name and Address	of Current Begistere		30			Personal Property 10. Name and Addres				Vo.	ł
SMI	TH, ALLAN	or carrow mogration	- Tagoth		81 Na	ıme	TO. Hamo and Moores	0 0 1 10 110 1	interes rigent			1
	O WATERWAY COVE			Ì	82 Sti	reet Addr	ess (P.O. Box Number is	Not Acceptab	le)			┨
WE	ST PALM BEACH FL 3:	3414		ļ			ode (r.o. bek Harrison io					1
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11. Pursuant	to the provisions of Sectio	ns 607.0502 and 607.1	508, Florida Statute	s, the at	oove na	ned corp	oration submits this state	ment for the p		ng its r	egistered	1
agent. I a	to the provisions of Sectio egistered agent, or both, i m familiar with, and accep	n the State of Florida. Set the obligations of, Se	ection 607.0505, Flor	ida Stat	utes.	corporati	on s board or directors. I	петеру ассер	t the appointmen	ı as reg	gistered	ļ
SIGNATURE	HIAN Signature, typed or printed name of	116	stoot le MOIL	Davistores	d Arnal sia	not we road its	ed when reinstating)	Holy	18.77			
12.		ICERS AND DIRECTO		13.	i Ageni sig	ta:ure require	ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIREC	TORS	IN 12	ŀs
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AYOUT ABOUTOD				COCT	DEET 4600	ree						1

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), Ftorida Statutes. I further certify that the information indicated on this annual report or supplemental agrual 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 directes of the corporation or the receiver of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 17 or Block 13 if chargod, or on an attacking ment with an address.