

**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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FILED

97 JUL 29 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62607 (8)

1. Corporation Name
FLORIDA EPICUREAN PUBLISHING CORP.



Principal Place of Business 1730 CLEVELAND RD. MIAMI BEACH FL 33141-1721	Mailing Address 1730 CLEVELAND RD. MIAMI BEACH FL 33141-1721
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 09/16/1983	3a. Date of Last Report 05/30/1996
4. FEI Number 59-2360206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOWLING, BRIAN
1730 CLEVELAND RD.
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN S. DOWLING	1.2 NAME	<i>President</i>
STREET ADDRESS	1730 CLEVELAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLE S. GORDON-DOWLING	2.2 NAME	<i>Secretary</i>
STREET ADDRESS	1730 CLEVELAND R	2.3 STREET ADDRESS	MIAMI BEACH
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	600002258536--2
STREET ADDRESS		3.3 STREET ADDRESS	-08/05/97--01095--003
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 or changed or on an attachment with an address.

SIGNATURE _____ DATE *7/15/97*

CR2E034 (4/97)

Pg. 2

7/22/97

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

c/o Brian Dowling
Florida Epicurean Publishing Corp
1730 Cleveland Rd.
Miami Bch., FL 33141-1721
Phone 305-868-4516
Fax 305-868-4541

FIN # 59-2360206

RE Document G62607

Attn Customer Service,

I have recently received a second notice for the Profit Corporation Annual Report filing for this year. This was a surprise as I mailed the report on time in late April with a check # 1138 of 5/1/97. After receiving your secondary reminder I checked my bank statement & discovered that the check had not yet cleared.

I then called your offices last week & spoke with Ms. Cherly Collette she instructed me to resubmit the original second notice with the scheduled payment of \$165.00. As instructed I have enclosed the check #1138 of the original payment & I have a photocopy of the original filing as sent.

I am leaving town on the 28th for an extended trip & would like to be certain that the document is filed & the payment is accepted. I would like to avoid the penalty amount arising from a late filing & or the greater penalty arising from the reinstatement amount. Please call me collect at the above # or fax me upon your acceptance so that I can go away without this on my mind!. As memory serves I mailed these two documents together thus they might have been lost together ??

Thank you for your forbearance in this matter & your time & attention; I have a great day.

Sincerely,

 

Brian Dowling Pres. FLEP Co,
FLEPScST.doc

Please note that there are address corrections & title corrections to the file.