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.)

appears in Block 12 or Block 13 if

Aug 08 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 # H48310 DANIEL P. FRANCO, PH.D., P.A. Principal Place of Business Mailing Address 9633 WEST BROWARD BLVD 4100 S. HOSPITAL DR., SUITE 205 PLANTATION PL 33317 PLANTATION SUITE 3 PLANTATION FL 3624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1985 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2503834 DAVIEW P. FRA Not Applicable Suite, Apt. #, etc. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 9633 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRANCO, DANIEL D 9633 WEST BROWARD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3 **PLANTATION FL 33324** 83 84 City 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, of 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 femiliar with productions of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 TITLE DELETE 1.1 TITLE Change Addition FRANCO, DANIEL P. 1.2 NAME NAME 9633 WEST BROWARD BLVD, #3 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY - \$1 - 7(P DELETE Change Addition TITLE 21 TITLE NAME. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.17(1)[Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1ITE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1) - S1 - Z(P CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 2IP 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 is 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 corp fatten of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

attachment with an address.

7/10/9°

FILED