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.)

PROFIT CORPORATION ANNUAL REPORT DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

H82610

FILED Sep 15 1997 8:00am Secretary of State

City & State Country 2 2 2 2 2 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5	Principal Place 10305NW 115 REDDICK FL US	STH AVE 32666 lace of Business	Mailing Address 10305 NW 115TH AVE REDDICK FL 32686 US 2e. Mailing Address 26 Suite, Apt. #, etc.	E	,		DÓ NOT WRITE 3. Date Incorporated or Qualified 11/01/1985 4. FEI Number 59-2602907 5. Certificate of Status Desired	IN THIS S	PACE te of Last R /27/1996 Ap No. \$8.75	Report pplied ifor ot Applicable Additional
28		e					6. Election Campaign Financing			
Presonal Property Tax due June 30 Yes No	23						Trust Fund Contribution		Added	to Fees
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SCHIFFER, ROBERT P MD 10305 NW 115TH AVE REDOICK FL 32886 82 Stroet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607/0502 and 607/1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difference of registered dignet, or both, in the State of Troids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, term familiar by a physician of Socion 607/605, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered signed. SIGNATURE 12. PSTD SOCIONARY AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. STREET ADDRESS 15. STREET ADD	24)			[30]						
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REDOKK FL 32686 B4				Constant			on (D.O. Boy Number in Net Assentable			
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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 corpolation 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, once a attachment with an address.