SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT O'UE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997

THLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J79592 (8)

THRE ENCOUNTER INC.

Principal Place of Business Mailing Address ** JOHN SPEER 203 YORKVILLE PLACE DEBARY FL 32713 DEBARY FL 32713					DO NOT WRITE IN THIS SPACE			
		DEDINIT IE VEITY			3. Date Incorporated or Qualified	3a. Date of Last R	leport	
					06/24/1987	01/23/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For	
21	И -4-	26	Cuito Ant II ato		59-28 18922		ot Applicable	
Suite, Apt.	#, BtC.	Suite, Apt. #, etc.	Stille, Apt. W. etc.		5. Certificate of Status Desired		Additional equired	
City & State City & Sta					6. Election Campaign Financing		May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes or has pa			
24	25 29 29 29 Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
		rent Hegistered Agent	81	Name	10, Name and Address of New He	gistered Agent		
SPEER, JOHN								
203 YORKVILLE PLACE DEBARY FL 32713			82	Street Address (P.O. Box Number is Not Acceptable)				
	DANI FL SEFIS		83					
			-			العمار		
			84	City			Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stram familiar with, and accept the ob-	1502 and 607.1508, Florida Sla ato of Florida: Such change wa Iligations of, Section 607.0505,	itutes, the abovi as authorized by Florida Statutes	e-named corp the corporal 3.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it at the appointment as	ts registered registered	
Oldification	Signature, typed or printed name of registered		VOTE Registered Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS /	OFFICERS AND DIRECTORS DELETE			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR Change	RS IN 12 Addition	
TITLE NAME	•	SPEER, JOHN			בין ורבי ביום ביום ביים ורבים ביים ביים ביים ביים ביים ביים ביים		_	
STREET ADDRESS 203 YORKVILLE PLACE			1.2 NAME 1.3 STREET ADDRESS		4000022 -07/31/	(3.3333 4) 9701069		
CITY-ST-ZIP	DEBARY FL		1.4 C(1Y-S1-7IP		07-517 ※※※※1名	5.80 ****1	65 BN	
TITLE	D DELETE		2.1 TOLE			Change		
NAME	SPEER, ANN		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	DEBARY FL		2. 4 CITY-	51 • 2 1P				
TITLE	DELETE		3.1 THIE			☐ Change	Addition	
NAME			3.2 NAME					
Month of the second			3.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C(TY - 4.1 T(TLE	SI-ZIP		Change	Addition	
NAME	Di pette		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S					
TITLE	DELETE		5.1 TALE			☐ Change	Addition	
NAME			5.2 NAME		1 ~			
STREET ADDRESS			5.3 STREET	ADDRESS	malan			
CITY-ST-ZIP			5.4 CITY - S	T-7IP	てしよしかひ			

6.4 CHTY-S1-7IP 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 of changed, of on an attachment with an address.

6.3 STREET ADDRESS

61 1III F

6.2 NAME

DELETE

APPROVED AND

97 JUL 29 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Change

Addition