SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J84374 (4) LAW OFFICES OF HOWARD PACKER, P.A.						) (A COMA BASI LATIK A CASA MANI LAGAN ATAN SI DIK BIBNI BIBNI AKAN AKAN AKAN BISNI BISNI		
Principal Place of Business Mailing Address  2000 SOUTH DIXIE HIGHWAY. 2000 SOUTH DIXIE HIG SUITE 113 SUITE 113				GHWAY.				
MIAMI FL 33	133	MIAMI FL	33133			3. Date Incorporated or Qualified 08/01/1987	3a, Date of Last Report 08/31/1995	
, Principal Pi	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For	
Suite, Apt	A ala	26	Suite Apt #, etc.			59-2828200	Not Applicabl	
Suite, Apt	#, etc	<u></u> ⊢¬	State Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	2		City & State			6. Election Campaign Financing	5.00 May Be	
]		28		orgonism (money		Trust Fund Contribution	Added to Fees	
<b>Ζ</b> ιρ Π	Country	Zip		Countr	y	8. This corporation has liability for i		
	9. Name and Address of Curre	29 ent Registered Ag	ent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
DA	CKER, HOWARD, ESQ.			81	Name		g	
				Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
	00 S. DIXIE HIGHWAY NTE 113							
	AMI, FL 33133			83				
				84	City		FI 85 Zip Code	
I <b>2.</b> TILE	PTD	gent and title if applicable NO DIRECTORS	DEFELE	13. 1.1 TITLE	ent signature requ	ed who recording  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Change Addition	
AME Tree ( Adoress	PACKER, HOWARD 2000 S DIXIE HIGHWAY			1.2 NAME 1.3 STREE	T ADDRESS			
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AME	PACKER, HOWARD			2 1 111te			Change Addit	
TREET ADDRESS	2000 S DIXIE HIGHWAY			- I	F ADDRESS			
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TREET ADDRESS				4351966	LADORESS			
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AME		L		6.2 NAME				
TREET ADDRESS				63STREE	1 ADDRESS			
iTY+\$1-ZIP				6.4 CITY -	·			
i4. I do hereb further de made und that my na	by certify that the information supplinity that the information indicated of derivath, that I am an officer or dire ame appears in Block 12 or Alock 1	ied with this filing is on this annual repor stor of the composit 3 if changed or on	voluntarily t or suppler on or the re an attachm	furnished and mental annual sceiver or trust ent with an ad	does not qua report is true se empowers dress	lify for the exemption stated in Section 1 and accurate and that my signature sha id to execute this report as required by C	19.07(3)(k), Florida Statutes ↓ '- have the same legal effect as Chapter 617, Florida Statutes ar	

SIGNATURE: HOURS PACKER SIGNATURE AND WIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-17-96