

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90107 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J92813

1. Corporation Name
N304 CORP.

Principal Place of Business
**950 S.E. 12TH STREET.
HIALEAH FL 33010**

Mailing Address
**950 S.E. 12TH STREET.
HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/17/1987	
4. FEI Number 59-2845359		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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POLK, RHONDA S
950 SE 12TH STREET
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELOR, MARIANNE			1.2 NAME	TIRRI, JEAN M.		
STREET ADDRESS	950 SE 12 STREET			1.3 STREET ADDRESS	950 SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	HIALEAH, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRARESI, DANIEL J			2.2 NAME	TIRRI, JR. ANTHONY C.		
STREET ADDRESS	950 SE 12 ST			2.3 STREET ADDRESS	950 SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	HIALEAH, FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, JOHN			3.2 NAME	EBERT, JOHN C.		
STREET ADDRESS	950 SE 12TH ST.			3.3 STREET ADDRESS	950 SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP	HIALEAH, FL		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWSON, HUMPHREY			4.2 NAME			
STREET ADDRESS	950 SE 12TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-ZIP			
TITLE	DPC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELOR, GEORGE E			5.2 NAME	TIRRI, SR. ANTHONY C.		
STREET ADDRESS	950 SW 12 STREET			5.3 STREET ADDRESS	950 SE 12TH STREET		
CITY-ST-ZIP	HIALEAH FL			5.4 CITY-ST-ZIP	HIALEAH, FL		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLK, RHONDA S			6.2 NAME			
STREET ADDRESS	950 SW 12 STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 889-6222 4/30/99

Date

Daytime Phone #

CR2E034 (11/98)

0125123