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 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 19 1997 8:00am Secretary of State

	MENT # K19286 OUGH & ASSOCIATES, INC.	6 (9)			
Principal Place	of Business	Mailing Address			hiant albut atell albut albut tabi
1001 W NEWPORT CTR		1001 W NEWPORT CTR			
DR #109 DEERFIELD BEACH FL 33442		DR #109 DEERFIELD BEACH FL 33442		DO NOT WRITE IN TH	IS SPACE
US		US		<u> </u>	Date of Last Report
				03/23/1988	06/18/1996
	ace of Business	2a. Mailing Address	يسس ال	4. FEI Number	Applied For
21 <i>3/01</i>	BNW/GTH TERR		IbiH LERR	65-0064954	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27 Qijy & Stato //	?	6 Flation Committee Financing	Fee Required
23 YOMPA	NO DEACH PL	28 TOMPHNU D	Country C	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
z 3306	25 USA		30 USA	This corporation owes or has paid the Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registers	a Agent
KOUGH, BEN A. 1001 W NEWPORT CTR 81 Name 82 Street Address (R.O. Roy Number is Not Assessable)					
DR #109				ress (P.O. Box Number is Not Acceptable)	
DEERFIELD BEACH FL 33442					· · · · · · · · · · · · · · · · · · ·
•			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its regis ered
office or re agent. La	egi stere d agent, or both, in the State o' m f am lliar with, and accept the obligati	l Florida. Such change was ai ons of, Section 607.0505, Flor	uthorized by the corporat rida Statutes.	lion's board of directors. I hereby accept the a	ppointment as registered.
SIGNATURE					
	Signature, typed or printed name of registered agent		Registered Agent signature requir		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	KOUGH, LYNN A.		1.2 NAME		
STREET ADDRESS	220 N.E. 8TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DE ERFIELD BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DP .	☐ DELET e	2.1 TITLE		Change Addition
NAME	KOUGH, BEN A.		2.2 NAME		
STREET ADDRESS	220 N.E. 8TH TERRACE		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	DEERFIELD BEACH FL	- December	2 4 CHY-SI-ZIP		
TITLE	KOUGH, MATTHEW	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	220 N.E. 8TH TERRACE		3.2 NAME 3.3 STREET ADDRESS		1
CITY-ST-ZIP	DEERPIELD BEACH FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		. —
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	S.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		ויין הרוננ	6.1 TITLE 6.2 NAME		CT CHAIRS FT WORKING
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furt	her certify that the
i-formation	a lambandan an ibia annuat ranari ar aus	ontamontal annual conocita te	in and account and that	my signature shall have the same legal effect t as required by Chapter 607, Florida Statutes	Las it made under eath, that t