

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
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50102 (8)

1. Corporation Name

BORKOSKY, STEWART & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2180 WEST ATLANTIC AVENUE
SUITE 203
DELRAY BEACH FL 33445

2180 WEST ATLANTIC AVENUE
SUITE 203
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 10 S.E. 1ST Avenue

26 10 SE 1ST Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Delray Beach

28 Delray Beach

24 Zip

Country

29 Zip

Country

25 FL

25 USA

29 33444

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NANCY J STEWART BORKOSY
6209 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437

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

Nancy Stewart-Borkosky

85-96

Signature of person or persons who prepared agent and director appointment

(NOTE: Registered Agent signature required when not filing)

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEWART, NANCY J.
STREET ADDRESS 6209 COUNTRY FAIR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85-96 561-274-4663
Date: Daytime Phone #

CR2E034 (3/96)