

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54562** (9)
1. Corporation Name
STRING OF PEARLS, INC.



Principal Place of Business Mailing Address
**1563 CAPITAL CIR SE
TALLAHASSEE FL 32311
US** **PO BOX 524
TALLAHASSEE FL 32302
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1988		3a. Date of Last Report 05/31/1995	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		4. FEI Number 59-2925896		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WAGNER, RONNY
1563 CAPITOL CIR SE
TALLAHASSEE FL 32311**

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 the applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

7-2-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	D WAGNER, RONNY D. 6426 WEEPING WILLOW WAY TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	13 STREET ADDRESS	
TITLE	NAME	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	
TITLE	NAME	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
TITLE	NAME	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	
TITLE	NAME	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
TITLE	NAME	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	
TITLE	NAME	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
TITLE	NAME	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	
TITLE	NAME	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
TITLE	NAME	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	
TITLE	NAME	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
TITLE	NAME	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-96

904-878-7885

DATE

Daytime Phone #

CR2E034 (3/96)