

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.)

APPROVED
AND
FILED
pg. 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # K64413 (3)
1. Corporation Name
AWNING CARE OF SOUTH FLORIDA, INC.

Principal Place of Business
11121 SW 9TH PALCE
DAVIE FL 33324
US

Mailing Address
11121 SW 9TH PALCE
DAVIE FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17400 S.W. 22 ST. Suite, Apt. #, etc. 22 City & State 23 Miramar FL Zip 24 33029		2a. Mailing Address 25 17400 S.W. 22 ST. Suite, Apt. #, etc. 27 City & State 28 Miramar FL Zip 29 33029		3. Date Incorporated or Qualified 02/03/1989		3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0115573		Applied For 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"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent APRIL L. MARTEN 11121 S.W. 9TH PALCE EXECUTIVE TOWER, SUITE 365 DAVIE FL 33324				10. Name and Address of New Registered Agent 81 Name Lori A. Woolsey 82 Street Address (P.O. Box Number is Not Acceptable) 17400 S.W. 22 ST. 83 84 City Miramar FL 85 Zip Code 33029			
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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 Lori A. Woolsey, D.V.T. Lori A. Woolsey 8-18-97
Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETE	1.1 TITLE	DP	Change	Addition	
NAME	JOHANNES F. MARTEN		1.2 NAME	ALEXANDER G. Woolsey			
STREET ADDRESS	11121 SW 9 PLACE		1.3 STREET ADDRESS	17400 S.W. 22 ST.			
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	MIRAMAR, FL 33029			
TITLE	DV	DELETE	2.1 TITLE	DVT	Change	Addition	
NAME	ALEXANDER G. WOOLSEY		2.2 NAME	Lori A. Woolsey			
STREET ADDRESS	2140 S.W. 67 TERRACE		2.3 STREET ADDRESS	17400 S.W. 22 ST.			
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	MIRAMAR, FL 33029			
TITLE		DELETE	3.1 TITLE		Change	Addition	
NAME	LORI WOOLSEY		3.2 NAME				
STREET ADDRESS	2140 S.W. 9 PLACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	000002276750	Change	Addition	
NAME	LORI WOOLSEY		4.2 NAME	-08/25/97--01172--003			
STREET ADDRESS	2140 S.W. 67 TERRACE		4.3 STREET ADDRESS	****165.00 ****165.00			
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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.

SIGNATURE Lori A. Woolsey 8/21/97

CR2E034 (4/97)

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AWNING CARE OF SOUTH FLORIDA, INC.

LICENSED AND INSURED

**AWNING CLEANING
AND MAINTENANCE**

**PAGER: 954-705-5377
OFFICE: 954-433-5796**

August 18, 1997

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

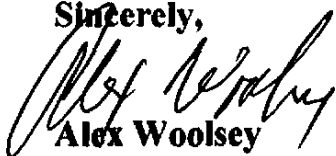
ATTN: Annual Reports

**RE: Awning Care of South Florida, Inc.
Ref. Number: K64413**

Please be advised, we are enclosing our second notice annual report with the appropriate signature that you requested in block 11 as of your letter dated April 18, 1997. We wish to inform you, however, that our first report mailed on or about April 10, 1997 along with our check was returned to the wrong mailing address. Our new mailing address of 17400 S.W. 22nd Street Miramar, FL 33029 was noted on our first report, however your letter and our return mail was sent to 11121 S.W. 9th Place Davie, FL 33324. We just received your request and our returned check as of August 15, 1997.

We respectfully request that you waive the late fee, and accept our payment and annual report with appropriate changes. Because this was our first time filing we can assure you this will not happen again.

Sincerely,


**Alex Woolsey
President**