

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

DOCUMENT # K65668 (1)
1. Corporation Name
JOSEPH M. SONNEBORN, JR. ACCOUNTING INC.

Principal Place of Business Mailing Address
% JOSEPH M. SONNEBORN, JR.
251 174TH ST., #301 WINSTON TOWERS
MIAMI BEACH FL 33160
% JOSEPH M. SONNEBORN, JR.
251 174TH ST., #301 WINSTON TOWERS
MIAMI BEACH FL 33160

97 AUG -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last Report 02/29/1996
4. FEI Number 65-0096863	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	

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
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9. Name and Address of Current Registered Agent SONNEBORN, JOSEPH M., JR. 301 WINTON TOWERS 3301 WINSTON TOWERS MIAMI BEACH FL 33160	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 0 SONNEBORN, JOSEPH M., JR. 251-174 ST., #301 MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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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.

APPROVED AND FILED Pg 1082

CR2E034 (4/97)

Joseph M. Sonneborn, Jr.

CERTIFIED PUBLIC ACCOUNTANT

Pg. 2 of 2

301 WINSTON TOWERS
251-174th STREET
MIAMI BEACH, FL 33160

MEMBER FLORIDA INSTITUTE OF C.P.A.'s
MEMBER AMERICAN INSTITUTE OF C.P.A.'s
(305) 935-5833

Florida Department of State
Division of Corporations
P.O. Box 6324
Tallahassee, Florida 32314

7/15/97

Gentlemen,

Enclosed check for 165.00 replaces amount lost in
mails for 1997 profit Corporation Annual report as per
instructions by you on telephone on 7/15/97.

Respectfully submitted

Joseph M. Sonneborn, Jr. C.P.A.