


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.)

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02574 (6) 1. Corporation Name OFFICE WORLD OF ENGLEWOOD, INC.			
Principal Place of Business 6001 PLACIDA RD. UNIT 4 ENGLEWOOD FL 34224 US		Mailing Address 2901 PLACIDA RD. UNIT 4 ENGLEWOOD FL 34224 US	
2. Principal Place of Business 21 1846 GULF BLVD Suite, Apt. #, etc. 22 City & State 23 Englewood, FL Zip Country 24 34223 25 US		2a. Mailing Address 26 1846 GULF BLVD Suite, Apt. #, etc. 27 City & State 28 Englewood, FL Zip Country 29 34223 30 US	
9. Name and Address of Current Registered Agent STEFANINI, JOSEPH M. 2901 PLACIDA RD. UNIT 4 ENGLEWOOD FL 34224		10. Name and Address of New Registered Agent 81 Name Michael W. Thompson 82 Street Address (P.O. Box Number is Not Acceptable) 1846 GULF BLVD 83 84 City Englewood FL 85 Zip Code 34223	
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] DATE: 8/12/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME THOMPSON, MICHAEL STREET ADDRESS 1846 GULF BLVD CITY-ST-ZIP ENGLEWOOD FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VP NAME THOMPSON, CAROLYN N STREET ADDRESS 1846 GULF BLVD. CITY-ST-ZIP ENGLEWOOD FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1989	3a. Date of Last Report 02/20/1996
4. FEI Number 65-1315733	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: [Signature]

CR2E034 (4/97)