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 # L16965

(0)

FILED Jul 31 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address P. O. BOX 9874			
BLDG. J-111 FT. LAUDERDALE FL 33319		FT LAUDERDALE FL 33310 US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	3a. Date of Last Report
				09/15/1989	07/18/1996
2. Principal P	lace of Business	2a. Mailing Address 26 PO BOX#	9926	4. FEI Number 65-0143467	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale		City & State 28 FT · LAUDERU	DALE EL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country USA	8. This corporation owes or has pa Personal Property Tax due June	id the current year Intangible
271	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	
APPEL, A. MICHAEL 4410 N. STATE RD. #7 FT LAUDERDALE FL 33319			81 Name 82 Street Addre 83 84 City	ess (P.O. Box Number is Not Acceptab	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 of printed name of registered agent and life it apply the Control of the corporation is presented when relinstance. (NOTE, Registered Agent signature required when relinstance) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D Appel, A. Michael	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	4410 N. STATE RD. #7		1.2 NAME		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		1.3 STREET ADDRESS 1.4 CHY-ST-7IP		
TITLE	17. 51052.10122.12 00010	DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City-St-ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS CITY-ST-ZiP			3.3 STREET ADDRESS		
TITLE	The second secon	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP		17 be bye	5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TillE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	- D 440 07(0)(3) F(-22) 0	

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 33 if changed or on an attaghment with an address.