

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 # L45784 (0)
1. Corporation Name
4601 POWERLINE CORP.

Principal Place of Business
4601 POWERLINE ROAD
OAKLAND PARK FL 33309

Mailing Address
4601 POWERLINE ROAD
OAKLAND PARK FL 33309

FILED
97 AUG 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 01/29/1990 | | 02/13/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0169498 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |
| 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

FARES, MIKE
4601 POWERLINE ROAD
OAKLAND PARK FL 33309

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARES, MUEEN R. | 1.2 NAME | |
| STREET ADDRESS | 4601 POWERLINE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OAKLAND PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (4/97)

Please: Be advised that I mailed a check of an amount of \$165.00 filing fee on the first notice that apparently got lost in the mail, so I have spoken to Jackie regarding my filing and was told to go ahead and mail a payment of \$165.00 for filing fee. Thank you

| | | | | |
|---|-------------|------------------|----------|----|
| 245 | | BAL. BRO'T FWD | 12,623 | 94 |
| 1/3 1997 | | 96 | | |
| TO | Pepsi-Cola | | DEPOSITS | |
| FOR | Bottling Co | | | |
| | | TOTAL | 12,623 | 94 |
| | | THIS CHECK | 137 | 16 |
| | | OTHER TRANS. +/- | | |
| TAX DEDUCTIBLE <input type="checkbox"/> | | BALANCE | 12,486 | 78 |

| | | | | |
|---|---------------------|------------------|----------|----|
| 246 | | | | |
| 1/4 1997 | | 97 | | |
| TO | Department of State | | DEPOSITS | |
| FOR | | | | |
| | | TOTAL | 12,486 | 78 |
| | | THIS CHECK | 165 | 00 |
| | | OTHER TRANS. +/- | | |
| TAX DEDUCTIBLE <input type="checkbox"/> | | BALANCE | 12,321 | 78 |

| | | | | |
|---|------------|------------------|----------|----|
| 247 | | | | |
| 1/4 1997 | | 97 | | |
| TO | Bell South | | DEPOSITS | |
| FOR | | | | |
| | | TOTAL | 12,321 | 78 |
| | | THIS CHECK | 161 | 23 |
| | | OTHER TRANS. +/- | | |
| TAX DEDUCTIBLE <input type="checkbox"/> | | BALANCE | 12,160 | 55 |