SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

(0)

FILED
Oct 01 1998 8:00am
Secretary of State

A & L S		N AGRICULTURA												
1 '		55		ng Address										
1301 W. COPANS ROAD 1301 W. COPANS ROAD BUILDING D-SUITE 8 BUILDING D-SUITE 8														
POMPANO BEACH FL 33064 POMPANO BEACH FL 330					064				DO NOT WE	RITE IN THI	S S PAC	Æ		
US			US					3. Date Incorpor	ated or Qualifie	d				
								11/04/1985						
2. Principal F	Place of B usi	ness	\vdash	lailing Address		4. FEI Number				Ар	plied For			
21			26			59-259390)6				t Applicat			
22 Suite, Apt	Suite, Apt. #, etc.			uite, Apt. #, etc.		5. Certificate of	Status Desired				Additional	1		
City & Sta	ule		27	ity & State	•								quired	
23			28	my a ctate		6. Election Camp Trust Fund Co					May Be o Fees			
Zip		Country	Zi	p	Coun	itrv		8. This corporati		poid the ou				\dashv
24		25	29	•	30	⊢ ¬ '			erty Tax due Ju		Yes		No	
	9. Name	and Address of Curre	ent Register	ed Agent				10. Name and A	-					
	MMER \$, WI					81	Name							
		Street, S.W. 28th	TERRACE		1	82	Street Addr	ress (P.O. Box Number	ar is Not Accept	able)				
		BLDG, 5TH FLOOR					21.00171001		o. 10 Met 71000p1	abio,				
MIAI	Mi FL 3 313	3			[8	83				····	_			
					1	B4 (City			·	85	Zip C	ode.	
							•			FL	_	•		
11 Pursuan	it to th e p rovi	sions of sections 607.05	02 and 607 1				amed cornor	ration submits this sta	tement for the c	urpose of c	hanning	its rec	istered	
I office or		gent or both in the Sta	le of Florida	1508, Florida Statut Such change was	tes, the abov	ve-na hu th	a corporati	ion'e board of director	s I haraby asso	ot the enne	interont	100 105	internal	
office or agent. I	am fa mil iar v	gent, or both, in the Sta vith, and accept the obli	te of Florida. igations of, se	1508, Florida Statut Such change was ection 607.0505, F	tes, the abov authorized lorida Statul	ve-na by th tes.	ne corporation	ion's board of director	s. I hereby acce	pt the appo	intment	as reg	istered	
office or agent. I SIGNATURE									s. I hereby acce		intment	as reg	jistered	
SIGNATURE		d or printed name of registered ag	pent and title if app	plicable (N	OTE Registere			uired when reinstating)		DATE				<u> </u>
Ī	Signature, types		pent and title if app	oficable (N	IOTE: Registere	d Agen				DATE	ND DIR	ECTO	RS IN 12	— l ù
SIGNATURE 12. TITLE	Signature, types	or printed name of registered ag OFFICERS A	pent and title if app	plicable (N	13.	d Agen		uired when reinstating)		DATE	ND DIR			— l ù
SIGNATURE	Signature, type:	or printed name of registered ag OFFICERS A	pent and title if app	oficable (N	13. 1.1 TITU	d Agen	nt signalure requ	uired when reinstating)		DATE	ND DIR	ECTO	RS IN 12	— l ù
SIGNATURE 12. TITLE NAME STREET ADDRESS	DP GRIFFITH	ov printed name of registered as OFFICERS A	pent and title if app	oficable (N	13. 1.1 TITLE 1.2 NAM 1.3 STRE	d Agen E !E EET ADI	nt signature requ	uired when reinstating)		DATE	ND DIR	ECTO	RS IN 12	lion Footing
SIGNATURE 12. TITLE NAME	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Picable (NORS)	13. 1.1 TITU	d Agen E IE EET ADI	nt signature requ	uired when reinstating)		DATE	N D DIR	ECTO ange	RS IN 12	ion lion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	oficable (N	13. 1.1 TITLI 1.2 NAM 1.3 STRE	d Agen E IE EET ADI '-ST-ZIF	nt signature requ	uired when reinstating)		DATE	N D DIR	ECTO	RS IN 12	ion lion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Picable (NORS)	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	d Agen E IE EET ADI '-ST-ZIF E	nt signature requirements	uired when reinstating)		DATE	N D DIR	ECTO ange	RS IN 12	ion lion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Picable (NORS)	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	d Agen E EET ADI '-ST-ZIF E E EET ADI	nt signature requirements	uired when reinstating)		DATE	N D DIR	ECTO ange	RS IN 12	ion lion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Picable (NORS)	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	d Agende	nt signature requirements	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12	ion CO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	d Agen E E EET ADI C ST-ZIF E EET ADI C ST-ZIF E	nt signature requirements	uired when reinstating)		DATE	ND DIR	ECTO ange	RS IN 12	ion CO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	d Agen E EET ADI C-ST-ZIF E EET ADI C-ST-ZIF E	nt signature required properties of the properti	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12	ion CO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	E EET ADI	nt signature required properties of the properti	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12	ion CO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	E E E E E E E E E E E E E E E E E E E	nt signature required properties of the properti	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12	ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Plicable (NORS) DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY	E EET ADIO	nt signature required properties of the properti	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12 Additi Additi	ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Plicable (NORS) DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	E EET ADI EET ADI EET ADI EST-ZIF E EET ADI EST-ZIF E E EET ADI EST-ZIF E E	DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12 Additi Additi	ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	d Agen E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12 Additi Additi	ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	Plicable (NORS) DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	d Agen E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange ange	RS IN 12 Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	d Agen E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange	RS IN 12 Additi Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	d Agen E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange	RS IN 12 Additi Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E EET ADIC ST-ZIFE E E E EET ADIC ST-ZIFE E E E E E E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR	ECTO ange	RS IN 12 Additi Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.1 TITLE	E EET ADIC ST-ZIFE E E E ET ADIC ST-ZIFE E E E E T ADIC ST-ZIFE E E E E E T ADIC ST-ZIFE E E E E E E T ADIC ST-ZIFE E E E E E E E T ADIC ST-ZIFE E E E E E E T ADIC ST-ZIFE E E E E E E T ADIC ST-ZIFE E E E E E T ADIC ST-ZIFE E E E E E T ADIC ST-ZIFE E E E E E T ADIC ST-ZIFE E E E E E T ADIC ST-ZIFE E E E E E E T ADIC ST-ZIFE E E E E E E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR Chi	ECTO ange ange ange	RS IN 12 Additi Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME	d Agen E EEE ADI ST-ZIF E E E EEET ADI ST-ZIF E E E E EET ADI ST-ZIF E E E E E E E E E E E E E E E E E E	DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR Chi	ECTO ange ange ange	RS IN 12 Additi Additi Additi	ion ion
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GRIFFITH	OFFICERS A OFFICERS A I, LYNN COPANS RD #8	pent and title if app	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.1 TITLE	E EET ADD	DRESS DRESS DRESS DRESS	uired when reinstating)		DATE	ND DIR Chi	ECTO ange ange ange	RS IN 12 Additi Additi Additi	ion ion

I 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:

LAP OR STAN LOUINE D

9/28/98