

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.)

APPROVED  
AND  
FILED

pg. 1 of 3

97 JUL 22 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/20/1985</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>59-2607371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M23582** (3)

1. Corporation Name  
**THE 221, INC.**

Principal Place of Business <b>205 COLLINS AVENUE, #101 STE. 201 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>205 COLLINS AVENUE, #101 STE. 201 MIAMI BEACH FL 33139 US</b>
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2. Principal Place of Business 21 <b>205 COLLINS AVE #302</b> Suite, Apt. #, etc. <b>302</b> 22 City & State <b>Miami Beach, FL</b> 23 Zip <b>33139</b> Country <b>USA</b>	2a. Mailing Address 26 <b>205 COLLINS AVE</b> Suite, Apt. #, etc. <b>302</b> 27 City & State <b>MIAMI BEACH, FL.</b> 28 Zip <b>33139</b> Country <b>USA</b>
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9. Name and Address of Current Registered Agent <b>FREVELETTI, CAROLYN 205 COLLINS AVE., #201 MIAMI BEACH FL 33139</b>	10. Name and Address of New Registered Agent 81 Name <b>CAROLYN FREVELETTI</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>221 COLLINS AVE #15</b> 83 <b>221 COLLINS AVE #15</b> 84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33139</b>
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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 *Carolyn Freveletti* **CAROLYN FREVELETTI** DATE **7-16-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FREVELETTI, CAROLYN</b>		1.2 NAME <b>CAROLYN FREVELETTI</b>	
STREET ADDRESS <b>205 COLLINS AVE., #201</b>		1.3 STREET ADDRESS <b>221 COLLINS AVE #15</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33139</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b></b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

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)

7-16-97

To Whom It may Concern,

The "221 Inc." has been waiting for our "Annual Report" due for 1997. We have received our "2nd notice", but not our first notice, as well as, a additional balance due to the amount of \$550.00 from an original balance of \$165.00.

The "221 INC" has found your address of our company is incorrect and we have made verbal and now written correspondence to this fact.

Enclosed is a copy of your envelope with incorrect address, and ask you to change your records with following address correction.

221 INC.  
205 COLLINS AVE STE. # 302  
MIAMI BEACH, FL. 33139.

Please find our original payment of \$165.00 per your department's request on the date of 7-16-97, communicated via telephone conversation.

Thank you for clearing this matter for us and appreciate your understanding.

Sincerely Yours

Carolyn Franklin  
"221 INC."

FEI # 59-2607371