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 AUD

1997 1/10 -4 171 12: 115

CERTIFIED OF CHAIL WELLANDS SEEL LORIDA

PROFIT CORPORATION **ANNUAL REPORT**

1997

DOCUMENT # 1. Corporation Name



M45729

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

HARVEY LAPIDUS, INC.

]
Principal Place of Business Mailing Address									1133101)				1 1001
% HARVEY L			* HARVEY LAPIDUS											
560 N.W. SOTH AVE. DELRAY BEACH FL 33445				560 N.W. 50TH AVE. DELRAY BEACH FL 33445					DO NOT WRITE IN THIS SPACE					
OLGINI DEN	01112 00770			DELINA DE	NOTIFIE SOM	i)			3. Date Inco	orporated or Qualified		Date of Last I	Report	
									01/30/	•	1 '	6/13/199	•	
2. Principal Pi	ace of Busine)SS	28	. Mailing A	ddress				4. FEI Numb	Der .	l		pplied	For
21				26					50-2	294278				olicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						-	$\overline{}$	\$8.75	<u>-</u> -	
22				27					b. Certificate	e of Status Desired	Ш		equire	
City & State				City & State					6. Election C	Campaign Financing		\$5.00	May	Be
23				28					Trust Fun	d Contribution		Added		
Zip Country				Zip Cou			itry		8. This corp	oration owes or has p	aid the cu	irrent year In	ıtangib	ole
24	9. Name and Address of Current R			30						Property Tax due Jun			□ No	
 .	nt	201			10. Name and Address of New Registered Agent									
LAPIDUS, HARVEY							31	Name						
560 N.W. 50TH AVE. DELRAY BEACH FL 33445						1	32	Street Ad	et Address (P.O. Box Number is Not Acceptable)					
							_		·	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
						-	33							
						1	34	City				85 Zip	Code	
								•			<u>FL</u>	_		
11. Pursuant t	to the provisio	ns of Sections 6	07.0502 and (5 State of Flor	607.1508, Ft ida: Such et	orida Statule	es, the abo	9VC	-named co	orporation submits	this statement for the rectors. I hereby acce	purpose (of changing	iger ati	istered
agent. I ar	m farniliar with	and accept the	obligations of	Section 6	07.05 0 5, Flo	rida Statu	tes.	110 001001	ration o board or or	rectors: Thereby acc	Jan 4	1 4	riogisi	lored
SIGNATURE .	KKR	VEI I	nAP/	אנו						7	121	191		
40	Signature, typed or		lered agent and lit:		ION)	: Registered .	Agor	it signature rec	quired when reinstating)	S/CHANGES TO OF	DATE	D DIDEOTO	00 111	
12.	PD	OFFICE	RS AND DIRE	* *** *** ***	DELETE	13.		———			CERS AN	Change		Addition
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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 changid, or on an attachment with an address.

HARVEY LAPIDUS INC. ADVERTISING, MÄRKETING, DIRECT MAIL

TO Whom IT MAY CONCERN.

This is to INFORM YOU Huat my New address is boa N.W. 7th ST, Dehray BEACH, Fl. 33444.

I MOVED to this address IN JUNE 1996 AND NEVER RECEIVED the FIRST mailing FOR my CORPORATION ReNewal.

I have encloseD the \$ 165.00
FOR my Renewal.
Thanks again FOR Your assistance

HARVEY LAPIDUS