## 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 # M45810

(2)

FILED
Sep 08 1997 8:00am
Secretary of State

| J.F J, II                                       | NÇ.  |  |                     |            |  |  |               |                                     |
|---|--|--|---------------------|------------|--|--|---------------|-------------------------------------|
| Principal Place of Business Mailing Address     |  |  |                     |            | T LEBELEEST IN DECOM DIVEL NEETS EAST DESIGN |  |               |                                     |
| 261 NW 49 AV<br>PLANTATION F<br>US              |  | % JAMES F. JOHNSON<br>POST OFFICE BOX 16355<br>PLANTATION FL 33318 |                     |            | DO NOT WRITE IN THIS SPACE   |  |               |                                     |
|   |  |  |                     |            | 3. Date Incorporated or Qualified  | 3a. Date o   | f Last Report |                                     |
|   |  |  |                     |            |  | 02/02/1987   | 08/23         | /1996                               |
| 2. Principal Pi                                 | ace of Business  | 2a. Mailing Address  |                     |            | 4. FEI Number  |  | Applied For   |                                     |
| 21  |  | 26   |                     |            |  | <b>59-2803323</b> Not Applicab   |               |                                     |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #  | Suite, Apt. #, etc. |            |  | 5. Certificate of Status Desired   | □ \$          | <b>8.75</b> Additional Fee Required |
| City & State                                    |  | City & State   |                     |            |  | Election Campaign Financing     Trust Fund Contribution  |               | 5.00 May Be<br>Added to Fees        |
| Zip<br>24                                       | Country 25   | Z(p<br><b>29</b>   | (ip Country 30      |            |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 🔯 No |               |                                     |
| 9. Name and Address of Current Registered Agent |  |  |                     |            | 10. Name and Address of New Registered Agent   |  |               |                                     |
|   | INSON, JAMES F.  |  |                     | 81         | Name   |  |               |                                     |
| 261 N.W. 49TH AVE.<br>PLANTATION FL 33317       |  |  |                     | 82         | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |               |                                     |
|   |  |  |                     | 63         |  |  |               |                                     |
|   |  |  |                     | 84         | City   |  | FL 8          | Zip Code                            |
| 11. Pursuant t                                  | to the provisions of Sections 607 egistered agent, or both, in the S | .0502 and 607.1508, Flori-<br>state of Florida. Such char          | da Statutes, the a  | bove<br>by | named corp   | poration submits this statement for the prior's board of directors. I hereby accep                           | urpose of cha | nging Its registered                |

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition . TITLE 1.1 TITLE JOHNSON, JAMES F. NAME 1.2 NAME 261 N.W. 49TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE JOHNSON, C. ANN NAME 2.2 NAME 261 N.W. 49TH AVE. STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Acdition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 only an attachment with an address.

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