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

FILED

Aug 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	ORVAL COMPANY	2 (1)		 	(8) 8/8/3 8/8/1 8/8/1 8/8/3 8/8/1 8/8/1 8/8/3
Dain plant DI	of Business	Aladina Autoria			
Principal Place of Business Mailing Address					
C/O FLORIDA-LAWDOCK. INC 222 LAKEVIEW AVE 4TH FLR 4TH FLR 4TH FLR 4XE WORTH FL 33401 4XE WORTH FL 33401 4XE WORTH FL 33401			n1	DO NOT WRITE	IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/23/1988	01/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	5 Barclay Crescent		ay Crescent	65-0031690	Not Applicable
Suite, Apt.	#, OC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	<u> </u>	City & State		& Floation Compaign Financing	
⊢ `	e Worth, FL	28 Lake Worth	. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24 33463-		1	30 U.S.A.	Personal Properly Tax due June	30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Addre					gistered Agent
FLORIDA-LAWDOCK INC				am J. Stevens	
222 LAKEVIEW AVE 4TH FLR			[82] Street Add	lress (P.O. Box Number is Not Acceptab	ole)
WE	EST PALM BEACH FL 33401		83	Barclay Crescent	
			[83]		Į.
				Worth	FL 85 33463-6037
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 families the unit accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familia the unit accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	t a solite iff, pp/scable. (NOTE	: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Stevens, William J.		1.2 NAME		
STREET ADDRESS	4575 BARCLAY CRESCENT	- 9	1.3 STREET ADDRESS		Į:
CITY-ST-ZIP	LAKE WORTH FL 33	463	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME :			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		į
CITY-ST-ZIP		Doctor	2. 4 CITY - ST - ZIP		
TITLE		☐ D€LETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		j
CITY-ST-ZIP TITLE		☐ DELFTE	3.4. CITY - \$1 - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS	in the second		5.3 STREET ADDRESS		
CITY-ST-ZIP	4		5.4 CITY-ST-ZIP		
TITLE	55.5	☐ DELETE	6 1 TITLE		Change Addition
NAME			G.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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is placed on this annual report is supplemental annual report and that my signature shall have the same legal effect as if made under oath; that I am a larger of the logocation of the exemption of the