

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

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97 SEP 17 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M99595** (4)  
1. Corporation Name  
**AL'S SCREEN ART, INC.**



Principal Place of Business <b>6441 PARK ST. JACKSONVILLE FL 32205</b>	Mailing Address <b>6441 PARK ST. JACKSONVILLE FL 32205</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/21/1988</b>		3a. Date of Last Report <b>01/30/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2908327</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" 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	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>	
g. Name and Address of Current Registered Agent <b>WOLF, WAYNE A. 3733 UNIVERSITY BLVD., WEST SUITE 106 JACKSONVILLE FL 32217</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONDAY, AL			1.2 NAME	Monday, Alan Keith		
STREET ADDRESS	6441 PARK ST.			1.3 STREET ADDRESS	6441 Park Street		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville FL 32205		
TITLE	VTS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONDAY, JOYCE			2.2 NAME			
STREET ADDRESS	6441 PARK ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 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 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 *Alan Keith Monday* *Alan Keith Monday* 9-16-97 904-363-5405

CR2E034 (4/97)

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September 16, 1997

Division of Corporations  
Attn: Annual Report  
409 East Gaines Street  
Tallahassee, FL 32399

To whom it may concern,

I am writing to submit the 1997 Annual Report for Al's Screen Art, Inc. This business was owned by my parents Edward Alan Monday and M. Joyce Monday. They were murdered on or about March 8, 1997 and my brother and I have been delayed in the handling of business matters. We have tried to do our best, but it has been difficult given the circumstances.

We are now trying to get the corporation in good standing and would like to request that the late fees be waived for the untimely filing of this report due to circumstances outside of our control. Your consideration of this request is greatly appreciated.

I have enclosed a copy of the 1997 Annual Report with a check for \$173.75 which includes the original filing fee and an additional fee of \$8.75 for the Certificate of Status.

Thank you in advance for your kind consideration to our matter.

Sincerely,



Alan Keith Monday, President  
Al's Screen Art, Inc.  
6441 Park Street  
Jacksonville, FL 32205