

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # N93000003856 (2)

1. Corporation Name
TOTAL ESCAPE, INC.

Principal Place of Business Mailing Address
3281 KAPOT TERRACE 3281 KAPOT TERRACE
MIRAMAR FL 33025 MIRAMAR FL 33025

3. Date Incorporated or Qualified **08/26/1993** 3a. Date of Last Report **07/10/1995**
 4. FEI Number **65-0434219** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LYNCH, ROSEANNE N
300 SOUTH PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, ROSEANNE N	1.2 NAME	
STREET ADDRESS	300 SOUTH PINE ISLAND ROAD #304	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	1.4 CITY - ST - ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIKAS, SUSAN	2.2 NAME	
STREET ADDRESS	3281 KAPOT TERR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREB, ELFIE	3.2 NAME	
STREET ADDRESS	3021 N. OAKLAND PARK	3.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIKAS, SYLVESTER	4.2 NAME	
STREET ADDRESS	3281 KAPOT TERR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JANET	5.2 NAME	
STREET ADDRESS	308 NW 43RD ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH. FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARN, REGINA	6.2 NAME	
STREET ADDRESS	3000 NE 146 ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Dikas **SUSAN DIKAS** 6/30/96 (305) 436-5927
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (3/96)