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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N93000003856 (2)

1. Corporation Name
TOTAL ESCAPE, INC.

Principal Place of Business	Mailing Address
3281 KAPOT TERRACE MIRAMAR FL 33025	3281 KAPOT TERRACE MIRAMAR FL 33025-2369

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Susan V. DIKAS 4/26/97 954 436-5927 (954 436-5927)

CR2E037 (9/96)