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 # P9300008190 (9)

GARY A. CHERNAY, P.A.

Principal Place of Business

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408				712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408									
									DO NOT WRITE				
									3. Date Incorporated or Qualified	1	ate of Last		
										02/02/1993 01/03/1997			
2. Principal P	lace of Busin	<u> </u>	28. Mailing Address					4. FEI Number			Applied For		
21	II aka	26						65-0391488			Vot Applicable		
Suite, Apt.	·	27						5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country			Zip Cou			/		8. This corporation owes or has pa				
24	[25	29	29 30					Personal Property Tax due June 30. Yes You				
	9. Name	and Address of Curre	nt Register	red Agent					10. Name and Address of New Re	gistered .	Agent 💆		
CHE	ernay, gai	ry a				81	Na	me					
712	U.S. HWY		82 Street			eel Add	address (P.O. Box Number is Not Acceptable)						
NOI	rth Palm I		83					iodiess (r.o. Box Nombel is Not Acceptable)					
						84	Cit	У		FL	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 # applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.		OFFICERS AN			13			and to to que	ADDITIONS/CHANGES TO OFFIC		DIRECTO	IRS IN 12	
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NAME	CHERNAY	Y, GARY A			ł	NAME							
STREET ADDRESS		HIGHWAY ONE				1.3 STREET ADDRESS		223					
CITY-ST-ZIP	NORTH P	ALM BEACH FL 334	108			CITY-S							
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CITY-ST-ZIP						SINEEI Dity-si		.00					
14. I do hereb	y certify that	the Information supplie	d with this f	iling does not qual	lify for th	n ava	molic	n stater	d in Section 119.07(3)(i), Florida Statutes	Lfurther	certify the	t the	
information I am an ofi appears in	n Indiceted or fice r o r direct n Bl oc k 12 or	n this annual report or s or of the corporation or Block 13 if shanged, o	supplement the receiver on an atta	at annual report is er or Vustee empor iched int with an ad	true and wordo lo dress.	acor	fate i	and that his repor	my signature shall have the same legal t as required by Chapter 607, Florida St	effect as atutes; ar	if made un no that my	nder oath; that name	

0/1/162