## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P93000024940 (7)

THE RESFON COMPANY

APPROVED AND FILED

1996 AUG 1 2 PN 12: 28

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place	of Business	Maring Ado	dress							
9MARTY PAT 1141 KANE C	CONCOURSE	1141 KAN	9MARTY PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154							
BAY HARBOR	R ISLANDS FL 33154	BAY HARI				<ol> <li>Date Incorporated or Qua'if ed 04/02/1993</li> </ol>	ua'il ed 3a, Date of Last Report 06/14/1995			
2. Principal Pla	ace of Business	2a. Mailing	Address	•			4. FEI Number		_	Applied For
21		26					NOT APPLICABLE			Not Applicab
Suite, Apt. #	#, etc	Suite, A	pl. #, etc			41.41.W- B-351	5. Certificate of Status Desired		<b>—</b>	'5 Additional Required
City & State	<b>;</b>	City & S	itate				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			00 May Be led to Fees
Zip	Country	Zip		Coun	ntry		8. This corporation has liability for			eri <b>s 19</b> 9.032,
24	25	29		30			Fiorida Statutes	<u>Yes</u>	No.	
	9. Name and Address of Curre	nt Registered Ag	ent		81	Name	10. Name and Address of New R	egistered	Agent	
PA'	TRICK, MARTIN H			[						
	41 KANE CONCOURSE LY HARBOR ISLANDS FL 33154	l			82 5	Street Addr	lress (P.O. Box Number is Not Acceptable)			
DA	II HARBON IOLANDO FL 33134				83					
				[-	84 (	City		FI	85	Zip Code
office or re	egistered agent, or hoth, in the State in familiar with, and accept the oblig	e of Florida, Such .	change was a	uthar zed l	by the	e corporati	oration submits this statement for the jon's board of directors. Thereby acceptions	ot the appo	sintment	as registered
	Signarare, typed or printed name of registered ag	genriand their applicable	(50.31	i Hagaired	Agencs	signature requi	red when reinstating)	DAL		
	OFFICERS AT	percand the dapplicable ND DIRECTORS		13.		signature requii	niowhen recsaring?  ADDITIONS/CHANGES TO OFF		$\overline{}$	
	OFFICERS AT		OELETE (N.31	13.	LE	signature respon			D DIREC	
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further cert.ly 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 off-cer 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 Black N° or Block 13 if pharaged, or on an attachment within address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR