## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT ...



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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FILED Aug 13 1998 8:00am

| 1998 DIVISION  |   |   |  | cretary of State   |  | Secretary of State   |               |  |
|--|---|---|--|--|--|--|---------------|--|
| 1. Corporation   | MENT # P930<br>Y C. GUARIN INC.   | 9000672   | 212 (9)  |  |  |  |               | <br>   |
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| Principal Place  |   |   | g Address  |  |  |  |               |  |
| 1056 MONTGOI<br>ALTAMONTE SI   | MERY MU.<br>PRINGS FL 32714   |   | iontgomery RD.<br>Ionte springs fl   | 32714  |  |  | •             |  |
| US   | ,   | U\$   |  |  |  | DO NOT WRI   | TE IN THIS    | SPACE  |
|  |   |   |  |  |  | 3. Date Incorporated or Qualified  |               |  |
| 6 December 10  | N   | 5- 14   | iliaa Addaaa   |  |  | 09/22/1993<br>4. FEI Number  |               | 1 14-6-4 5   |
| 2. Principal Pi  | Place of Business   | }1  | ailing Address   |  |  | 59-3231216   |               | Applied For<br>Not Applicable  |
| Suite, Apt.  | # etc   | 26 Su   | ite, Apt. #, etc.  |  |  |  |               | \$8.75 Additional  |
| 2  | <i>π</i> , οιο.   | 27  | mo, ripri n, oto:  |  |  | 5. Certificate of Status Desired   | LJ            | Fee Required   |
| City & State   | te  |   | ty & State   |  |  | 6. Election Campaign Financing   |               | \$5.00 May Be  |
| 3  |   | 28  |  |  |  | Trust Fund Contribution  | <u> </u>      | Added to Fees  |
| Zip  | Country   | Zij   | )  | Cour   | ntry   | 8. This corporation owes or has p  | _             | <b>-</b>   |
| 4  | 25  | 29  |  | 30   | <del></del>  | Personal Property Tax due Jur  |               | Yes No   |
|  | 9. Name and Address of  | Current Registere   | ed Agent   |  | 81 Name  | 10. Name and Address of New F  | Registered /  | Agent  |
| GUARIN, ARACELY C  |   |   |  |  | 1 TVAINE   |  |               |  |
|  | 6 MONTGOMERY RD.  | •44   | 8  |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)   |               |  |
| ALIA   | amonte springs fl 327   | /14   |  | -  | 83   |  | -             |  |
|  |   |   |  |  |  |  |               |  |
|  |   |   |  |  | 84 City  |  |               | 85 Zip Code  |
|  |   |   |  |  |  |  |               | <u> </u>   |
| office or agent. I a   | registered agent, or both, in the am familiar with, and accept the  | he State of Florida.<br>he obligations of, se   | Such change was<br>ection 607.0505, Fl   | authorized<br>lorida Statu   | by the corporal<br>ites.   | oration submits this statement for the pution's board of directors. I hereby accept  | ot the appoir | anging its registered<br>ntment as registered  |
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(407)869-8991

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