## 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

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000067297	(0)
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Principal Place of Business Mailing Address 29 SAN JOSE DR 28 SAN JOSE DR ORMOND BCH. FL 32176 ORMOND BCH. FL 32176 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1993 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 15-4446360 Not Applicable Suite, Apt #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zın Country  $Z_{1D}$ Country 8. This corporation has liability for intangible tax under s. 199 032 24 29 Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, ELLIOTT J 28 SAN JOSE DR 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BCH, FL 32176 83 City 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or priote incame 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 (96/č) DELETE TITLE **PVST** 1.1 TITLE Change Addition SMITH, ELLIOTT J NAME t 2 NAME CR2E034 28 SAN JOSE DR STREET ADDRESS 1.3 STREET ADDRESS ORMOND BCH. FL 32176 CITY-ST-ZIP 14 CHTY - ST ZIP DELETE TITLE 2.1 TITLE Change Addition SMITH, ELLIOTT J NAME 2.2 NAME 28 SAN JOSE DR STREET ADDRESS 2.3 STREET ADORESS ORMOND BCH. FL 32176 CiTY-ST-7iP 2 4 City ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY ST ZIP DELETE TITLE Change [ ] Addition 4.1 JIILE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 Till 6 Ghange Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 or on an attachment with an address Cott

NG OFFICER OR DIRECTOR

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