## 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.)

PROPII CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000014955 (6)

17TH AVENUE QUICK PICK INC.

1996 PEINSTATEMENT

cipel Place of Business Mailing Address

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FILED	37

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

-101(10)7	***

9202 NW 17TH AVE MIAMI FL 33147	ENUE	9202 NW 17TH AVENUE MIAMI FL 33147						
					3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 05/18/1995		
2. Principal Place of	f Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0470433	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	nlangible tax under s. 199.032.		
24	25	29	30	•	Florida Statutes	Yes No		
	Name and Address of Current	Registored Agent			10. Name and Address of New Re	gistered Agent		
KHALIL.	NASIR			81 Name				
	V. 106TH AVENUE		j	82 Street	SYED Z. KAZI Address (P.O. Box Number is Not Acceptab	Ja)		
	OKE PINES FL 33026			oz Sueet	9202 NW 17TH AVENUE			
remone	JAE FINES PL 30020			83	ZZOZ WO IZIH AVENILE	#C +		
				B4 City		85 Zip Code		
44 Pursuant to the	provisions of Sections 607 0505	and 607 1509 Florida Statut	as the sh	ove-camed	Corporation submits this statement for the ru	urpose of changing its registered		
office or register	red agent or both, in the State of	of Florida, Such change was a	authorized	by the corp	corporation submits this statement for the provided in the pro	the appointment as registered		
agent. I am fam	niliar with And accept the obliga	tions of Section 607.0505, Flo	orida Statu	ites.		·ulselai		
SIGNATURE	Mask In		<i>-</i>			7//23 / 1G		
	ruflyped or printed name offegleland agen OFFICERS AND		13.	Agent Equature	required when reinstating)  ADDITIONS/CHANGES TO OFFIC			
12.		DELETE	1,111	n E		Y Change Addition		
	HALIL. NASIR	L. 3000.0			PST	<b>D</b>		
45			1.2 N		KAZI, SYED Z			
D.	57 N.W. 106TH AVE.			REET ADDRESS	9202 NW 17TH AVENU	<b>E</b> (1.5)		
	EMBROKE PINES FL 33026	DELETE		TY-ST-ZIP	MIAMI, FL 33147	Change Addition		
TITLE			2.1 Ti			Change Addition		
NAME			22 N					
STREET ADDRESS			2351	REET ADDRESS				
City-St-ZiP				TY-ST-ZIP	1600020	1 <b>&gt;&gt;</b> 7 <b>\%</b> 1 \%		
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STREET ADDRESS				REET ADDRESS		10090		
CITY-ST-ZIP			•	TY-ST-ZIP				
TITLE		DELETE	6.1 Ti			Change Addition		
NAME			62 N		}			
· · · · · ·					1			
STREET ADDRESS				REET ADDRESS	1			
CITY-ST-ZIP	tifuthat the information expedies	with this filling is voluntarily fo		TY-ST-ZIP	qualify for the exemption stated in Section :	119 07(3)(k) Florida Statutos I		
THE TOURS TOURS OF THE	ury max uro unomation supplied	THE PROPERTY OF ACHOUSED BY IL		,,,,, u,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Howard in the event-tion proton in contest.	, i o i o i tottoji i i o i i da diatatogi l		

further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my algorithms shall have the same legal effect as it 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 chapted, or on an attachment with an address.

SIGNATURE: