

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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92 MAY 10 AM 10:35

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020317 (1)

THREE PASTIMES II INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office of Business 1300 S. MILITARY TRAIL DEERFIELD BEACH FL		2a. Mailing Address 1300 S. MILITARY TRAIL DEERFIELD BEACH FL		3. Date Incorporated or Qualified 03/11/1994		3a. Date of Last Report	
21. Principal Office of Business	26. Mailing Address	4. FIC Number 65-0490441		Applied Fee Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. State of Incorporation	27. State of Mailing Address	5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City & State	28. City & State	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24. Country	25. Country	29. Country	30. Country				

9. Name and Address of Current Registered Agent RUBINCHIK, HARVEY L 1776 N. PINE ISLAND RD., STE. 118 PLANTATION FL 33322				10. Name and Address of New Registered Agent			
				01. Name			
				02. Street Address (P.O. Box Number is Not Acceptable)			
				03.			
				04. City		05. Zip Code	

11. Pursuant to the provisions of Sections 607.05(4) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent for 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 607.05(6), Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. TITLE	D	01. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	HAGADORN, CHRISTINE	02. NAME	
03. STREET ADDRESS	17431 SW 63 MANOR	03. STREET ADDRESS	
04. CITY & STATE	FT. LAUDERDALE FL 33331	04. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. TITLE	D	05. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME	ROACH, JAMES	06. NAME	
07. STREET ADDRESS	17431 SW 63 MANOR	07. STREET ADDRESS	
08. CITY & STATE	FT. LAUDERDALE FL 33331	08. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
09. TITLE	D	09. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ROACH, JENNIFER	10. NAME	
11. STREET ADDRESS	9335 ARBORWOOD CIRCLE	11. STREET ADDRESS	
12. CITY & STATE	DAVIE FL 33324	12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 201, Florida Statutes, and that my office appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jennifer Roach* Jennifer Roach 5/2/95 (303) 331-0899
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR