

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000020317 (1)**

1. Corporation Name
THREE PASTIMES II INC.



Principal Place of Business: **1300 S. MILITARY TRAIL DEERFIELD BEACH FL**
Mailing Address: **1300 S. MILITARY TRAIL DEERFIELD BEACH FL**

3. Date Incorporated or Qualified: **03/11/1994**
3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business
21 **1323 S Military Trail**
22 **DEERFIELD Bch FLA**
23 **33442**
24 **BROWARD**
25 **BROWARD**
26 **1323 S Military Trail**
27 **DEERFIELD Bch FLA**
28 **33442**
29 **BROWARD**
30 **BROWARD**

4. FEI Number: **65-0490441**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL 85**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent (see the last page) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HAGADORN, CHRISTINE
STREET ADDRESS	17431 SW 63 MANOR
CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	D <input type="checkbox"/> DELETE
NAME	ROACH, JAMES
STREET ADDRESS	17431 SW 63 MANOR <i>omit CHANGED</i>
CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	D <input type="checkbox"/> DELETE
NAME	ROACH, JENNIFER
STREET ADDRESS	9335 ARBORWOOD CIRCLE
CITY-ST-ZIP	DAVIE FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROACH, CHRISTINE
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROACH, JAMES
23 STREET ADDRESS	7329 S.W. 9th COURT
24 CITY-ST-ZIP	PLANTATION, FLA. 33317
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 supplement 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **5/1/96** **1-954-574-0338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)