

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000021388 (1) 1. Corporation Name NAVCO ENTERPRISES, INC.			
Principal Place of Business 680 LINTON BLVD. SUITE 200 200 DELRAY BEACH FL 33444 US		Mailing Address 680 LINTON BLVD. 200 DELRAY BEACH FL 33444 US	
2. Principal Place of Business 21 6805 SW 18th St Suite, Apt. #, etc. 22 #10 City & State 23 Boca Raton, FL Zip 24 33433 Country 25 USA		2a. Mailing Address 26 6805 SW 18th St Suite, Apt. #, etc. 27 #10 City & State 28 Boca Raton, FL Zip 29 33433 Country 30 USA	
9. Name and Address of Current Registered Agent NAUJO, DANIEL 680 LINTON BLVD SUITE 200 DELRAY BEACH FL 33444		10. Name and Address of New Registered Agent 81 Name Daniel Navilio 82 Street Address (P.O. Box Number is Not Acceptable) 6805 SW 18th St #10 83 84 City Boca Raton FL 85 Zip Code 33433	
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 Daniel Navilio Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVILIO, DANIEL	1.2 NAME	
STREET ADDRESS	680 LINTON BLVD., SUITE 108	1.3 STREET ADDRESS	6805 SW 18th St #10
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVILIO, FRANK	2.2 NAME	
STREET ADDRESS	680 LINTON BLVD., SUITE 108	2.3 STREET ADDRESS	6805 SW 18th St #10
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVILIO, MICHAEL	3.2 NAME	
STREET ADDRESS	680 LINTON BLVD., SUITE 108	3.3 STREET ADDRESS	6805 SW 18th St #10
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Daniel Navilio**

01.107 (B.1) 347-6110

CR2E034 (4/97)