## 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.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

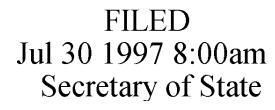
DOCUMENT #

P94000028544 (2)

FIBRAGENCY INC.

Principal Place of Business

Mailing Address





130 SUNRISE AVENUE PALM BEACH FL 33480					130 SUNRISE AVENUE PALM BEACH FL 33480					DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified 3a. Date of Last Report		
										04/12/1994 03/12/1996		
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For		
21					26					65-0482938 Not Applicable		
Sulte, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				ļ	City & State					6. Election Campaign Financing \$5.00 May Be		
23			28	28					Trust Fund Contribution Added to Fees			
Zip	Country				Zip Cour			ntry		8. This corporation owes or has paid the current year Intargible		
24	25 8. Name and Address of Current				29 30				· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30.  Yes No		
61		nii neg	istored Agent		81 Name			10. Name and Address of New Registered Agent				
FLEURY, GILBERT					UT Name			Ţ,				
130 SUNRISE AVE 616					82			1	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480					83			+		-		
							03					
							84	1	City	FL 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												
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	0.9. <u>1</u>		OFFICERS AN			_	13.	CIII (	ei Briatinio 16	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP				DELETE	_	A TOTLE			Change Addition		
NAME	PLEURY	, GIL	Bert			1 1	.2 NAME					
STREET ADDRESS	130 SUI	VRIS	E AVE 616				.a street	ΓÁD	DRESS			
CITY-ST-ZIP			H FL 33480				.4 CITY-5					
TITLE	DV				☐ DELETE		.1 TITLE			Change Addition		
NAME	FLEURY	, JOI	ELLE			2	2 NAME					
STREET ADDRESS	130 SUN	VRIS	E AVE 616			2	.3 STREET	(AD	ORESS			
CITY-ST-ZIP	PALM BI	EACI	1 FL 33480				4 CITY-					
TITLE	DS				DELETE		1 TITLE	-		☐ Change ☐ Addition		
NAME	TRON, J	EAN	INE			3	2 NAME					
STREET ADDRESS	130 SUN	<b>IRIS</b>	E AVE 616			3	3 STREET	(AD	DRESS			
CITY-ST-ZIP	PALM BI	EACI	1 FL 33480			3	4. CITY-1	ST-	ZIP			
TITLE					DELETE	_	1 THTLE			Change Addition		
NAME							2 NAME					
STREET ADDRESS						4	3 STREET	ADI	DRESS			
CITY-ST-ZIP							.4 CITY - S					
TITLE	-,				☐ DELETE		1 TITLE			Change Addition		
NAME						5	2 NAME					
STREET ADDRESS						5	.3 STREET	ADI	DRESS			
CITY-ST-ZIP						5	.4 CITY - S	i	ZIP			
TITLE					DELETÉ		1 TITLE			Change Addition		
NAME						6	2 NAME					
STREET ADDRESS						6.	3 STREET	ADI	DRESS			
CITY-ST-ZIP							4 CITY-S					
14. I do hereb information I am an of	y certify that n indicated o ficer or direc	the in this tor of	nformation supplies annual report or the corporation of	d with I suppler r the red	this filling obes not qual mental annual report is ceiver or trustee empoy	lify for t true an wered t	he exe Id accu to exec	mp ural oute	otion sta te and the this rep	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name		
appears if	I DIOCK 12 OF	DIDC	k is it orlanged, o	on an	allachment with an ad	idress.				DAN DOLL 7		