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.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MEN1 # P9400 DABLE TREE, INC.	00070528 (2)	
Principal Place of Business		Mailing Address		T I MANAGON AND ANNA MININT MANAGEMENT OR WAY AND AN AND AN ANALYSIS AND
1633 NE 4 COURT BOYNTON BEACH FL 33435		1633 NE 4 COURT BOYNTON BEACH FL 33435		
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1994 08/24/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0526093 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired \$8.75 Additional
22		27		ree nequired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199 032.
24 Zip	25	29	30	Florida Statutes Yes X No
24	9. Name and Address of Curro			10. Name and Address of New Registered Agent
			81 Name	
NAGEL, CAHRLES F 1633 NE 4 COURT BOYNTON BEACH FL 33435			82 Street	Address (P.O. Box Number is Not Acceptable)
-	THICH DESCRIPE GOAGE		83	
			84 City	85 Zip Code
				corporation submits this statement for the purpose of changing its registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stalm familiar with, and accept the obli	te of Florida. Such change v	vas authorized by the corpi	oration's board of directors. Thereby a scept the appointment as registered
SIGNATURE	Signature, type flor printed name of registered a	agent and title if applicable	(NOTE: Registered Agent signature	required when norstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	DELET	E 11 TITLE	Change Addition
NAME	DARANZO, JERRY		1.2 NAME	
STREET ADDRESS	1633 NE 4TH ST		1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1 0000	1 4 CITY - ST- ZIP	Change: Addition
TITLE	VPT	DELF1		Cilange C Adontoni
NAME	NAGEL, CHALRES		2 2 NAME	
STREET ADDRESS	1633 NE 4TH CT BOYNTON BEACH FL		2 3 STREET ADDRESS	
CITY-ST-ZIP TITLE	BOTNION BEACH FL	DELFT	2 4 CITY - ST - ZIP E 3 1 TIFLE	Change Addition
NAME		_ 560.	3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 City-S1-7iP	
TITLE		DELET		Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		DELÉ1	E 5 1 TITLE	Change Addit or
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-2IP		DELE	5 4 CITY - ST - ZIP	Change Addition
TITLE		VELE		crisings Moulton
NAME OTOSET ABORROS			6.2 NAME	
STREET ADORESS	1		6 2 PTOCET ADDRESS	
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CHTY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address Jerry Davanzo 6-20.96

SIGNATURE: