## 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

## **FILED** Sep 17 1997 8:00am Secretary of State

Principal Place of Business   Mailing Address   1061 SW 20TH ST   BOCA RATON FL 33488   Do Not Writte In This SPACE   3. Date Incorporated or Qualified   3a. Date of Leaf Report   10/03/1894   11/26/1996   11/26
1061 SW 20TH ST   1061 SW 20TH ST   1061 SW 20TH ST   10703/1994   11/26/1996   3a. Date incorporated or Qualified   3a. Date of Least Report   11/26/1996   11
DO NOT WRITE IN THIS SPACE    Principal Place of Business   2a Mailing Address   4. FEI Number   Applied For   10/03/1994   11/26/1996   Applied For   10/03/1994   11/26/1996   Applied For   10/03/1994   4. FEI Number   Applied For   Not Applicable   Sulte, Apt #, etc.   Sulte, Apt
2. Principal Place of Business
2. Principal Place of Business   2e. Mailing Address   4. FEI Number   Applied for   21   26   Suilc, Apt. #, etc.   5. Certificate of Status Desired   58.75 Additional   22   City & State   City & State   City & State   City & State   28   Zip   Country   Zip   Country   2. Principal Place of Country   2. Principal Properties of Status Desired   58.75 Additional   28   Trust Fund Contribution   \$5.00 May Be Added to Fees   29   Country   Zip   Country   8. This corporation ower chasp aid the current year Intentition   38   Name   State   State
22. Mailing Address   2a. Mailing Address   4. FEI Number   Applied Iron   Suito, Apt. #, etc.   25. Suito, Apt. #, etc.   27. Suito, Apt. #, etc.   28. Suito, Apt. #, etc.   29. Suito, Apt. #, etc.   29. Suito, Apt. #, etc.   29. Suito, Apt. #, etc.   27. Suito, Apt. #, etc.   29. Suito, Apt. #, etc.
Sulfo, Apt. 4, etc.  Sulfo, Apt. 5, etc.  Sulfo, Apt. 6, etc.  City & State  City & St
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Security
City & State  Country  Registered Agent  Registere
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo
Zip
28
9. Name and Address of Current Registered Agent GRIFFITH, MARK 1081 S.W. 20TH ST BOCA RATON FL 33486  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code  11. Pursuant to the provisions of Socitions 607.0502 and 607.1508, Florida Statules, 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 horeby accept the appointment as registered agent. I am familiar with, and accept thit colligations of, Section 607.0505, Florida Statules  SIGNATURE Signature, tyred or printed name of registered agent and lone if explicable (NOTE fregistered Agent Spatiure required when remptating)  DATE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ORFIGER AND DIRECTORS  1.1 TITLE  ORFIGER AND DIRECTORS  1.2 NAME SIRRET ADDRESS  CITY-ST-ZP  BOCA RATON FL 33486  1.4 City-ST-ZP  TITLE  ORFIGER AND DIRECTORS  1.3 SIRRET ADDRESS  CITY-ST-ZP  TITLE  ORLITY-ST-ZP  ORLITY-ST-ZP  Addition  Addition  AMA  SIRRET ADDRESS  CITY-ST-ZP  ORLITY-ST-ZP  Addition  Addition  AMA  SIRRET ADDRESS  CITY-ST-ZP  Addition  ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  AMA  SIRRET ADDRESS  CITY-ST-ZP  ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS
GRIFFITH, MARK 1061 S.W. 20TH ST BOCA RATON FL 33486  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature, byred or presided name of registered agent and low if application   NOTE Registered Agent a gradue required when reinstalling)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   DEFTE   1.1 IIIIE   Change   Addition   NAME   GRIFFITH, MARK   1.2 NAME   SIRRET ADDRESS   1061 SW 20TH ST   1.3 SIRRET ADDRESS   CITY-ST-ZIP   BOCA RATON FL 33486   1.4 CITY-ST-ZIP    TITLE   DEFTE   3.1 TITLE   2.1 SIRRET ADDRESS   CITY-ST-ZIP   DELETE   3.3 TITLE   Change   Addition   NAME   SIRRET ADDRESS   2.4 CITY-ST-ZIP    TITLE   DELETE   3.1 TITLE   Change   Addition   NAME   3.3 SIRRET ADDRESS   CITY-ST-ZIP   ADDRESS   CITY-ST-ZIP   3.3 SIRRET ADDRESS   CITY-ST-ZIP   DELETE   3.3 SIRRET ADDRESS   CITY-ST-ZIP   3.3 SIRRET
Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statules, 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 horeby accept the appointment as registered agent, and accept the obligations of, Soction 607.0505, Florida Statules.  SIGNATURE    Signature, typed or preted many of registered agent and too if explicable.   (NOTE flegistered Agent a greature required when reinstalling)   DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   DELETE   1.1 ITLE   Change   Addition NAME   SIRRET ADDRESS   1.3 SIRRET ADDRESS   CITY-ST-ZIP   BOCA RATON FL 33486   1.4 CITY-ST-ZIP    TITLE   DELETE   2.1 ITILE   Change   Addition NAME   2.3 STREET ADDRESS   CITY-ST-ZIP   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 TITLE   Change   Addition NAME   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP
BOCA RATON FL 33486  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statules  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  14. TITLE  OSTATE ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33486  14. CITY-ST-ZIP  DELETE  22. NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  33. STREET ADDRESS  CITY-ST-ZIP  DELETE  34. CITY-ST-ZIP  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  Addition  AMAE  STREET ADDRESS  CITY-ST-ZIP  AMAE  STREET ADDRESS
B8
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or preted name of registered agent and tele if epiticable   (NOTE fregistered Agent s grature required when reinstaling)   DATE
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or preted name of registered agent and tele if epiticable   (NOTE fregistered Agent s grature required when reinstaling)   DATE
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or preted name of registered agent and late if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  ORIFITH, MARK  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D GRIFFITH, MARK 1.2 NAME GRIFFITH, MARK 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D GRIFFITH, MARK STREET ADDRESS 1061 SW 20TH ST ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP
TITLE
NAME GRIFFITH, MARK 1061 SW 20TH ST 1061 SW 20TH ST 6ITY-ST-ZIP BOCA RATON FL 33486 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1.2 NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 TITLE 1.4 CITY-ST-ZIP TITLE 1.5 Change Addition 1.5 NAME 1.5 NAME 1.6 NAME 1.6 NAME 1.7 NAME 1.7 NAME 1.8 NAME 1.8 NAME 1.9 NAM
1.3 STREET ADDRESS   1061 SW 20TH ST   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP
Addition
TITLE         DELETE         2.1 TITLE         Addition           NAME         22 NAME
STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   Change   Addition
CITY-ST-ZIP
TITLE         DELETE         3.1 TITLF         Change         Addition           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP
CITY-ST-ZIP 3.4. CITY-S1-ZIP
TITE I I I I I I I I I I I I I I I I I I
NAME 4. 2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP
NAME 5.2 NAME 6.3 CIDECT ANDRESS
STREET ADDRESS 5.3 STREET ADDRESS 5.4 City, ct. 710
CITY-ST-ZIP
NAME 62 NAME
I · · · · · I

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 changes, or shall attach of the same legal effect as if made under oath; that I am an officer or director of the corporation or shall attach of the same legal effect as if made under oath; that I am an officer of director of the corporation or shall attach on the same legal effect as if made under oath; that I am an officer of director of the corporation of