## 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.)

Marting Address

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # <b>P94000086241 (4</b>	DOCUMENT #	P94000086241	(4)
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FERTILEASE, INC.

Principal Place of Business

980 N. FEDERAL HWY SUITE 434 BOCA RATON FL 334		980 N. FEDERAL HWY SUITE 434 BOCA RATON FL 33432				Date Incorporated or Qualified     11/23/1994		Date of Last Report <b>6/20/1995</b>
2. Principal Place of 1		2a. Mailing Address				4. FEI Number NOT APPLICABLE		Applied For Not Applicable
21 1365 5 Suite Apt #, etc 22 + L.	1 51 (131) 1 FL 3231	Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	<u>~~</u>	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 3331 L	Country	Zip 29	Count	ry		8. This corporation has liability for Florida Statutes		le tax unider s. 199 032, No
9. 1	lame and Address of Curren	Registered Agent				10. Name and Address of New Re	gistered	d Agent
RUBIN, STEVEN D 980 N. FEDERAL HWY SUITE 434 BOCA RATON FL 33432			8	<b>2</b> S	arne treet Addre	ess (PO-Box Number is Not Acceptat	nl@)	
•			8	4 0	Dity	<u></u>	F	85 Zip Code
office or register agent I am famil	provisions of Sections 607,050; ad agent or both, in the State or with, and accept the obligations of patient agent or patient agent of patient agent agent of patient agent ag	of Florida, Such change was tions of, Section 607,0505. Floridate of applicable.  (RE	authorized b Iorida Statute	y tne es	corporatio	oration submits this statement for the pin's board of directors. Thereby accepted when renational controls of ADDITIONS/CHANGES TO OFFI	(IATE	xunto terri das registes est
TITLE D	0 11001107311	DELETE	11 [1][		Ī			Change Addition
	MARCO, PETER C	<u></u>	1.2 NAM	£				
	0 CE 17TH CT 4151		12010	CLADA	Spece			

12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 IIILE	Change L Addition &
NAME =	DEMARCO, PETER C		1.2 NAME	<del> </del>
STREET ADDRESS	1323 SE 17TH ST., #151		13 STREET ADDRESS	Ctrice   replies   Part   Part
City - ST- ZIP	FT. LAUDERDALE FL 33316		1.4 C11 Y - S1 - ZIP	
TITLE		DELETE	2 1 TITLE	Change Addition   O
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZiP			2 4 CITY - ST - ZIP	
TITLE		DEFELE	3 TOTLE	Change
NAME			3 2 NAME	
STREET ADDRESS		•	3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY-S1-7IP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CH + ST-ZIP	
TITLE		DELETE	5.1 DTcE	Change Add-tion
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEET ADDRESS	
CHTY+ST+ZIP	4.4.4		54 CITY ST-ZIP	
TITLE		DELETE	61 T:TLE	Change Add tron
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

STREET ADDRESS

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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under early, 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 Brock 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

\*\*STATIONAL STATES\*\*

exter DeMarco Reter DeMarco SIGNATURE AND EMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR