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 # P95000001217 (5)

Principal Piac	e of Business PROM WOOD ENTERPRES PROMIT ROAD EACH FL 33426	Mailing Address 2240 WOOLBRIGHT ROAD - SUITE 640 BOYNTON BEACH FL 334; US			TE IN THIS SPACE 3 3a. Date of Last Report
			·	01/05/1995	02/21/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2930	COMMERCE PARK DA	26 2930 COMMERC	E PARK DR	65-0570731	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	00	5. Certificate of Status Desired	\$8.75 Additional
22 UA	VIT D2	27 UNIT	<i>D E</i>		Fee Required
City & State	ITON BEACH , FL.	City & State 28 BOYNTON BE	BACH E	6. Election Campaign Financing	\$ 5.00 Мау Ве
Zip	Country	28 BOYNTON BE	Country	Trust Fund Contribution	Added to Fees
24 334	├ ── ¬		OD USA	This corporation owes or has Personal Property Tax due Ju	
24, 2007	9. Name and Address of Current	11	00 029	10. Name and Address of New I	
425A SE 18T AVE.				LASS, STEPHEN A	
DELRAY BEACH FL 33444			82 Street A	ddress (P.O. Box Number is Not Accept 206 ら、スタビデ <i>OR</i> 、	able) # 30Z
			83	3.200	
1			04 05		
]			84 City	ANTANA	FL 85 Zip Code 39462
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					
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable (NO1E)	Registered Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	Change
NAME	LASS, STEPHEN H		1.2 NAME	LASS, STEPHEN H 1200 S. LAKE DR,	4 30 5
STREET ADDRESS	425A SE 1ST AVE.		1.3 STREET ADDRESS	1200 S. LAKE DE,	302
CITY-\$T-ZIP	DELRAY BEACH FL 83444		1.4 CITY - ST - ZIP	LANTANA, FL. 334	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-\$1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME CTOSET ADDRESS			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELFTE	3.4. CITY-ST-ZIP		Change Addition
NAME			4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
1 1			4.3 \$1REE1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - ZIP 5.1 T(TLE		Change Addition
NAME		- verie	5.2 NAME		_ 1 - Multition
STREET ADDRESS			5.3 STREET ADDRESS		0c 9158
CITY-ST-ZIP			1		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME	90000229	38833
STREET ADDRESS			6.3 STREET ADDRESS	9000022:	015022

CITY-ST-ZIP 6.4 CITY - \$1 - 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 attachnient with an address.

6.3 STREET ADDRESS

FILED

Sep 18 1997 8:00am

Secretary of State