SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

LUTHER, PAUL J

6890 NW 30 AVE FT LAUDERDALE FL 33309

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000023718

Country

9. Name and Address of Current Registered Agent

CYCLOPS ASSOCIATES, INC.

Principal Place of Business Mailing Address 6890 NW 30 AVE 6890 NW 30 AVE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 2a. Mailing Address

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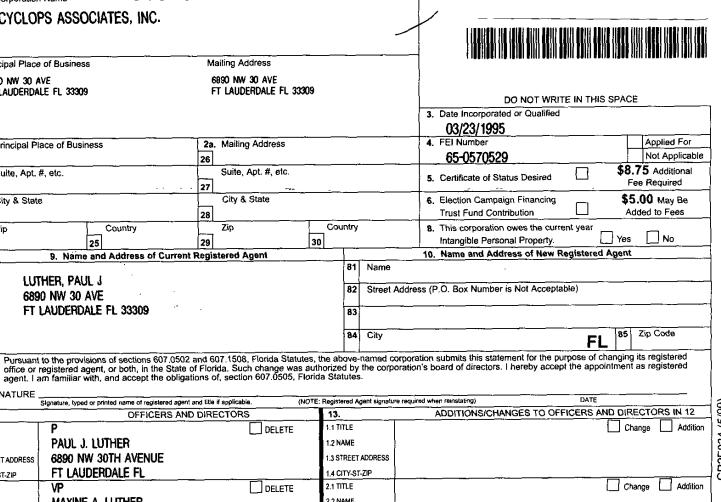
Suite, Apt. #, etc.

City & State

Zip

FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90010 015 ***550.00



agent I am familial with, and accept the obligations of, section out to the detection						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	/NOTE:	- Decistered Adent signature re-	outred when remetation)	DATE	
12.	digitating, types of plants and the second s			Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 TITLE		Change Addition	
NAME	PAUL J. LUTHER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.2 NAME			
STREET ADDRESS	6890 NW 30TH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME	MAXINE A. LUTHER	, , , , , , , , , , , , , , , , , , , ,	2.2 NAME		_ • –	
STREET ADDRESS	6890 NW 30TH AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP			
TITLE		ELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		i	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	of the she is formation and line with this filling deep not g	100 . 50 . 41	6.4 CITY-ST-ZIP	440 07(2)(i) Florido Stopido - 1 5 de	or cortifu that the information	

Country

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City

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blied with this diling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information emental against report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am or the reporter or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears indicated on this annual report or suppl an officer or director of the corporation of the in Block 12 or Block 13 if changes, or on an

SIGNATURE: