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

APPROVED AND FILED

1997 OCT 20 AM 9: 08

SECRETARY OF STATE

1. Corporation	MENI IN Name ANAGEME	•	29500(DRP.) 04	1011	8 (8	3)				ALLANASSETT COMBA	
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											3. Date Incorporated or Qualified 3a. Date of Last Report	ļ
2. Principal P	Place of Busine			20	Mailing	Addrass					05/19/1995 08/09/1996 Applied Fo	
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Suite, Apt.		1	<i>DIVY</i>	-1-01		pt. #, etc.	UC	-10/1			SR 75 Addition	
22				27							5. Certificate of Status Desired Fee Required	-
23 OM V	28	28 Pom PANO Beach FL						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	L	Cesir	ntry		Zip			Counti	•		8. This corporation owes or has paid the current year Intangible	
24 38067			ovaro	29	330	64	30	La	wall	<u> </u>	Personal Property Tax due June 30. Yes No	
	9. Name a	nd Add	ress of Curren	t Regis	stered Ag	ent					10. Name and Address of New Registered Agent	
	draitis, roe							8	1 Name	•		
			IRD AVENUE					8	2 Street	Addre	ess (P.O. Box Number is Not Acceptable)	
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								8	4 City		FL 85 Zip Code	
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office or r	egistered age	الروا	th, in the State	of Flori	ida. Such	hange wa	as auth	orized t	by the co	poration	oration submits this statement for the purpose of changing its registe on's board of directors. I hereby accept the appointment as register	ed
•	ım familiar with	14	アレイタ	7 ons 9	Section		, Florida	a Statute	es.			ı
SIGNATURE	Signature, typici or	pirited na	ink of registered ager	nt and litte	e if applicable	(1	NOTE: Rep	gistered A	geni signatur	e require	ed when reinstaling) DATE	
12.	- <u> </u>		OFFICERS AND	DIRE				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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CITY-ST-ZIP	by Certify that t	ho inter	mation supplied	\mathscr{A}	his filina	nes not a	alify for	6.4 City-		heteta	in Section 119.07(3)(i), Florida Statutes. I further certify that the	

information indicated on this annual report or supplementation indicated on this annual report or supplementation indicated on this annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the compensation with an address.

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