

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.)

APPROVED
AND
FILED

96 NOV 18 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000045351 (0)**
1. Corporation Name
THE GIVENS GROUP, INC. REINSTATEMENT 1996

Principal Place of Business Mailing Address
2870 HAMPTON CIRCLE, WEST DELRAY BEACH FL 33445 **2870 HAMPTON CIRCLE, WEST DELRAY BEACH FL 33445**

2. Principal Place of Business 21 10570 HARICH LANE		2a. Mailing Address 25 10570 HARICH LANE		3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 6/1/96
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0596616	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22 City & State BOCA RATON FLORIDA		27 City & State BOCA RATON FLA		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33498		29 Zip 33498		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country USA		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ART FURIN ESQ. Miami Florida				10. Name and Address of New Registered Agent 81 Name JOHN MATTERA 82 Street Address (P.O. Box Number is Not Acceptable) 10570 HARICH LANE 83 84 City BOCA RATON FL 85 Zip Code 33498	
--	--	--	--	---	--

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 **JOHN A. MATTERA** DATE **11/19/96**
(Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATTERA, ANN A			1.2 NAME	PATRICIA STIGLIANO		
STREET ADDRESS	2870 HAMPTON CIRCLE, WEST			1.3 STREET ADDRESS	10570 HARICH LANE		
CITY - ST - ZIP	DELRAY BEACH FL 33445			1.4 CITY - ST - ZIP	BOCA RATON FLORIDA 33498		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	P/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	RICHARD SCHANDER		
STREET ADDRESS				2.3 STREET ADDRESS	2870 HAMPTON CIRCLE WEST		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	DELRAY BEACH FLORIDA 33445		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN A. MATTERA** DATE **11/19/96**
(Signature and typed or printed name of business officer or director)

CR2004 (3/96)