

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Candra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045412 (0)
1. Corporation Name

LAST CHANCE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6265 WEST SAMPLE ROAD
CORAL SPRINGS FL 33067

6265 WEST SAMPLE ROAD
CORAL SPRINGS FL 33067

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

COHEN, PAUL D
3143 CLINT MOORE ROAD
APARTMENT 205
BOCA RATON FL 33496

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
COHEN, PAUL D
3143 CLINT MOORE ROAD, APT. 205
BOCA RATON FL 33496

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
COHEN, ANTOINETTE
3143 CLINT MOORE ROAD, APT. 205
BOCA RATON FL 33496

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 NAME STREET ADDRESS CITY-ST-ZIP

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***225.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D. COHEN

6/10/96

744-4477

CR2E034 (3/96)