

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.)

10/2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000051774 (4)

1. Corporation Name  
PARK AVENUE CREATIVE DESIGNS, INC.

Principal Place of Business  
2480 HAMMONDVILLE RD  
POMPANO BEACH FL 33069

Mailing Address  
2480 HAMMONDVILLE RD  
POMPANO BEACH FL 33069

FILED

97 AUG 25 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3350 NW 2ND AVE Suite, Apt. #, etc.	26 P.O. BOX 966 Suite, Apt. #, etc.
22 BOCA RATON FLA. City & State	27 BOCA RATON City & State
23 33431 Zip	28 FLA. Zip
24 PALM BCH Country	29 33429 Country
25 PALM BCH Country	30 PALM BCH Country

3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report 08/08/1996
4. FEI Number APPLIED FOR 65-0610100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASLANIAN, GEORGE  
511 NE 3RD AVENUE  
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 300002278433-1  
84 City  
85 FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CALIENDO, SAM S
STREET ADDRESS	2480 HAMMONDVILLE ROAD
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	JOANNE F. BORONE
STREET ADDRESS	3350 NW 2ND AVE B-38
CITY-ST-ZIP	BOCA RATON FLA. 33431
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CALIENDO, SAM S
1.3 STREET ADDRESS	3350 NW 2ND AVE B-38
1.4 CITY-ST-ZIP	BOCA RATON FLA. 33431
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOANNE F. BORONE
2.3 STREET ADDRESS	3350 NW 2ND AVE B-38
2.4 CITY-ST-ZIP	BOCA RATON FLA. 33431
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(j), 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 attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

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PARK AVENUE CREATIVE DESIGNS, INC.  
3150 NW 2<sup>nd</sup> AVENUE SUITE B-38  
BOCA RATON, FL 33431

ANNUAL REP SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

July 30, 1997

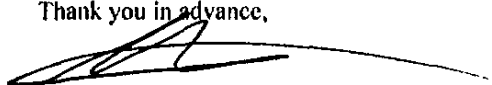
To Whom it may concern:

As you can see by the changes on our annual report the addresses are incorrect. I never received the first notice, let alone the second notice that was finally forward by the Post Office. I do not think it fair that we should be penalized because the Post Office doesn't do it's job.

On January 15, 1997 when we moved I sent out a notice of change of address to you and to all of our customers on a 3x5 card. I do not know what else that I could have done.

Please except our check for \$165.00 which would of been our fee if we would of received our first notice.

Thank you in advance,



Sam S. Caliendo