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.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000056505	(7)
1. Corporation Name		1. 1

FLORIDA LIENS UNLIMITED, INC.

Principal Place of Business Mailing Address BOY IN DIXIE HWY P O BOX 4507 WEST PALM BEACH FL 33402-4507 WEST PALM BEACH FL 33402-4507 3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 45-059535 Not Applicable 26 21 Suite, Apt #, etc \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199 032, Ζıρ Zip Florida Statutes Yes 🔀 No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** GELS TON FELOTON, FRED H Street Address (P.O. Box Number is Not Acceptable) 601 N DIXIE HWY 82 WEST PALM BEACH FL 33402-4507 83 TELSTON Zip Code 84 85 City 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 (DOLE Registered Agont signature required when recistating) DATE Signature, typed or printed name of registered agent and life if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1 1 TITLE TITLE CR2E034 SWEET, JAY L 1.2 NAME 12232 52 ROAD NORTH 1 3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 1 4 CiTY - ST - ZIP DITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 THILE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 HILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 required that the information adupting with this line is working in the properties to a decirate exemption and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

SIGNATURE:

that my name appears in Block 12 or

CITY - ST - ZIP

IAY 54

changed, or on an attachment with an address