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.)							
COF ANNI	PROFIT RPORATION UAL REPORT	FLORIDA DEPA Saridra Secret	ARTMENT C B. Morthan tary of State	OF STATE			
	1996 *** MENT # P9500	DIVISION OF		TIONS			
1. Corporatio	n Name	00058539 (4))				
AVILLIC	ON ENTERPRISES INC.				. Tanah ina katan anan ann ann an	(i ba irí aktorna	år likar roka kar kadi
Principal Place of Business Mailing Address							
	llion S Bend Drive South. #202 Each Fl 33069	% JANIS AVILLION 2212 CYPRESS BEND (POMPANO BEACH FL 3	% JANIS AVILLION 2212 CYPRESS BEND DRIVE SOUTH. #202 POMPANO BEACH FL 33069		Date Incorporated or Qualified		
2. Principal Place of Business		2s Mailing Address	2a. Mailing Address		07/28/1995	3a. Date of Last Report	
Suite, Apt.	* ala	26	26		4. FEI Number 65-0644626	•	Applied For Not Applicable
22		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Coun	try	8. This corporation has liability for in Florida Statutes	Yes N	under s 199 032 lo
AVI	Name and Address of Curre LLION, JANIS	nt Registered Agent		Name	10. Name and Address of New Reg	istered Age	nt
2212 CYPRESS BEND DRIVE SOUTH SUITE 202 POMPANO BEACH FL 33069			1	32 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			ļ.	33			
				34 City		FL 8	1 '
11. Pursuant t office or re	to the provisions of Sections 607.05 agistered agent, or both in the State	02 and 607.1508, Florida Statut e of Florida, Such change was a	es the abo authorized b	ve-named corporation	oration submits this statement for the pur board of directors. Thereby accept t		nging its registered
SIGNATURE	JANIS HVIT	profit of Section 017.0505, File	orida Statu		1	7	1/9/
12.	Signature, typied or profest run e af registered as OFFICERS Af	ent and the Jacob and the TNO	1E flegislered A	gent signature require	ADDITIONS/CHANGES TO OFFICE	EATE DE	PECTOPS IN 12
TITLE NAME	d Avillion, Janis	DELETE	11 TifLi		TO STITUTE OF THE STATE OF THE		Change Addition
STREET ADDRESS	2212 CYPRESS BEND DRIVE SOUTH, #202		1 2 NAM 1 3 STRE	ET ADDRESS			ECTORS IN 12 GO
CITY-ST-ZIP TITLE	POMPANO BEACH FL 33069			· ST · ZIP			
NAME	-		2 1 THTLE 2 2 NAM			لــا	Change Addition O
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS			
TITLE	DELETE		2 4 City 3 1 Title	- ST - ZIP			Change Addition
NAME STREET ADDRESS			3 2 NAM				
CITY - ST-ZIP			3 3 STRE	E1 ADDRESS +ST-ZIP			
TITLE NAME	DELETE		4 1 TitLE				Change Addition
STREET ADDRESS			4 2 NAM 4 3 STRE	EL ADDRESS			
CITY-ST-ZIP TITLE		Printe	4 4 CITY				
NAME	☐ DELETE		5 1 THTLE 5 2 NAME				Change Addition
STREET ADDRESS				ET ADDRESS			
CHY-ST-ZIP THUE	I December		5 4 City				
NAME			6 1 TITLE 6 2 NAME		Change Addition		
STREET ADDRESS			1	ET ADORESS			
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnist further certify that the information indicated on this angular eport or supplemental.				SF-ZIP does not qualif	v for the exemption stated in Section 130	107/37/11 514	orda Statutus I
further certify that the information indicated on this annual report or suppliemental 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 exporation or the receiver or trustee empowered to execute this report as regularly by Chapter 617. Florida Statutus, and that my name appears in Block 12 or Block 13 if changed, or 1 an attachment with an address.							
SIGNATURE: JAM LECTION JAMES AVIS AVIS AVIS 10N 7/6/96 972-2343							