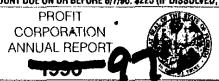
OND NUTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		PORATION AL REPORT			B. Morth ary of Sta CORPO	ate	_		7 8:00am of State
			95000	076721 (6	)		Score	.ar y C	of State
Ì	,	of Business .		Mailing Address 6570 N. HARBOR CITY	BLVD.				
	MEBOURNE I	FL <b>32940</b>		MEBOURNE FL 32940			3. Date Incorporated or Qualified 10/06/1995	3a. Date	of Last Report
2.	Principa! Pk	ace of Business		2a, Mailing Address	,,		4. FEI Number		Applied For
21	<u> </u>		[	26	_,,,		59. 334 - 03 -	90	Not Applicable
22	Suite, Apt. #			Suite, Apt. #, etc.		, <u></u>	5. Certificate of Status Desired		\$6.75 Additional Fee Required
23	City & State	1		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	Count 25	´ 1-	Zip <b>29</b>	30	ountry	This corporation has liability for Florida Statutes		x under s. 199.032, No
		9. Name and Addr			_1,,,,,		10. Name and Address of New I	<del></del>	ent
	65	IAH, DEVEN 70 N. HARBOR CIT' EBOURNE FL 32940				81 Name 82 Street /	Address (P.O. Box Number is Not Accept	able)	
	•	•				84 City		FL	85 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
Si	GNATURE .				=4-4		· · · · · · · · · · · · · · · · · · ·	DATE	
12		Signature, typed or printed nan	OFFICERS AND D		13		required when reinstating)  ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12 (9)
10	···	D		DELETE		TITLE			Change Addition
NA	ME	SHAH, DEVEN			1.2	NAME	1590 NIMARBURE	BLUD	). (403) B
	REET ADDRESS Ty-St-Zip	6570 N. HARBO MEBOURNE FL			1	STREET ADDRESS City-St-Zip	HELBOURNE, FL	32940	Change Addition
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NA.	AME				2.2	NAME			
	REFT ADDRESS					STREET ADDRESS			
TIT	TY-ST-ZIP			DELETE		TITLE			Change Addition
F	ME					NAME '		;	Avenide Time Languisti
1	REET ADDRESS				- 6	STREET ADORESS	e e e, e e e e ye e de medicina.		
CI	TY - ST - ZIP				3.4	. CITY-ST-ZIP			
III	TLE			DELETE	4.1	TITLE			Change Addition
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	TY-ST-Z#			DELETE		CITY-ST-ZIP TITLE	·		Chench Admitiscrat
	MME			Call Decese	5.2 NAM			L	The state of
	REET ADDRESS					STREET ADDRESS			MINIT
	TY-ST-ZIP					CITY-ST-ZIP			$\vee\gamma$ \ $^{\sim}$
111	I).E			DELETE	6.1	TITLE			Change
NA.	VME .				6.2	NAME	8000 <b>0</b> 21	7636	:B
SI	REET ADDRESS				63	STREET ADDRESS	8000021 -05/13/9701	n 28 – Thá 3	) T

CITY-SI-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.

CIC	AI.	ATI	IRF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**