

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.)

FILED
 Aug 12 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088052 (2)
 1. Corporation Name
GENERATION TO GENERATION, INC.



Principal Place of Business 145 SE 25 RD MIAMI FL 33129	Mailing Address 145 SE 25 RD MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 EDGEWATER DR	2a. Mailing Address 26 10 EDGEWATER DR
Suite, Apt. #, etc. 22 14 F	Suite, Apt. #, etc. 27 14 F
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip 24 33133-6968	Country 25 USA
Zip 29 33133-6968	Country 30 USA

3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report 07/31/1996
4. FEI Number 59-2557-180	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCCALLUM, CATHIE-ELLEN G
 145 SE 25 RD
 MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name TAFFY GOULD Mc CALLUM
82 Street Address (P.O. Box Number is Not Acceptable) 10 EDGEWATER DR
83 # 14 F
84 City CORAL GABLES
85 Zip Code FL 33133-6968

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 **TAFFY GOULD Mc CALLUM, PRES.** *Taffy Gould McCallum* **8/6/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE D	NAME MCCALLUM, CATHIE-ELLEN G	<input type="checkbox"/>
STREET ADDRESS 145 SE 25 RD		
CITY-ST-ZIP MIAMI FL 33129		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 allotment with an address.

SIGNATURE: *Cathie Ellen Gould McCallum* **CATHIE-ELLEN GOULD Mc CALLUM** **8/6/97** **(305) 865-5695**

CR2E034 (4/97)