SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 87/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #	P95000089543 (9)	
FARCAST CORPOR	ATION, INC.	
Principal Place of Business	Mailing Address	
87200 OVERSEAS HIGHWAY Unit N-10	87200 OVERSEAS HIGHWAY Unit n-10	



	ce of Business	Mailing Address			r Janstedni 140 Laini Allili Adilil Railil I		
B7200 OVERSEAS HIGHWAY UNIT N-10 ISLAMORADA FL 33036		UNIT N-10	87200 OVERSEAS HIGHWAY Unit n-10 Islamorada fl 33036				
		ISLAMORADA FL			Date Incorporated or Qual-fied     11/22/1995		
	Place of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21	4	26	<del></del>		65-06519		Applicable
Suite, Apt	F-4	Suite. Apt #, etc	4		5. Certificate of Status Desired	\$8.75 Ad Fee Req	
City & Stat	le	City & State			6. Election Campaign Financing	□ \$5.00 M	lay Be
23		28]			Trust Fund Contribution	Added to	
Z <sub>I</sub> p	Country	Žιρ	Coun	try	8. This corporation has liability for i	1	99.032,
24	9. Name and Address of Curre	nt Begistered Agent	[30]		Florida Statutes	Yes No	
		nt riegistered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
	ECKMEYER, KARL ESQ.						
	ECKMEYER & MULICK		[€	Street A	Address (P.O. Box Number is Not Acceptab	ile)	
	8539 OVERSEAS HIGHWAY		8	3			
` 1	AVERNIER FL 33070		L.				
			E	4 City		FL 85 Zip Co	ode
Office of f	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change v	vas authorized t	iv the corpo	corporation submits this statement for the pu oralion's board of directors. I hereby accept	urpose of changing its regarders appointment as regarders.	gistered stered
SIGNATURE	Character thread many land and an and an and an and an and an and an analysis of the control of						
	Signature: typed or profed name of registered ag			gent's grature	required when reinstating)	DATE DIDECTOR	
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turther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sample of gries made under oath, that I am an officer or director of the convertion or the recover or trustee empowered to execute this report as required by Charter of the properties that my name appears in Block 12 or Block 13 if charges or or, an attachment with an address

GNATURE:

| STATURE | Properties | Pro

SIGNATURE: