

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000090106 (2)**
1. Corporation Name

HYPOLUXO ROAD GROWERS CORP.

97 SEP -9 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4919 RIDGEWOOD ROAD
BOYNTON BEACH FL 33436**

Mailing Address
**4919 RIDGEWOOD ROAD
BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/22/1995		05/29/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0627863		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

**DIAS, STEPHEN
4919 RIDGEWOOD ROAD
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change	Addition	
NAME	DIAS, STEPHEN			1.2 NAME			
STREET ADDRESS	4919 RIDGEWOOD ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change	Addition	
NAME	BROWN, JEFFREY W			2.2 NAME			
STREET ADDRESS	7580 DUNCREST ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33463			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE	Change	Addition	
NAME	DIAS, ROBERT E			3.2 NAME			
STREET ADDRESS	4919 RIDGEWOOD ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(i), 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 of this filing, or on an attachment with an address.

CR2E034 (4/97)

pg. 2 of 2

September 5, 1997

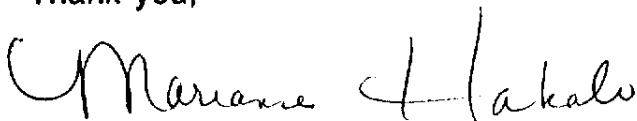
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

We never received the "First Notice" for the 1997 Profit Corporation Annual Report. Enclosed is the report & \$165.00 check for the filing fee.

If you have any questions, please feel free to call.

Thank you,

A handwritten signature in cursive script that reads "Marianne Hakalo". The signature is written in dark ink and is positioned above the printed name and phone number.

Marianne Hakalo
(561) 499-1804