


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.)

APPROVED
AND
FILED

1997 JUL 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000015936 (3)**

1. Corporation Name
D.J. PAULSON & ASSOCIATES, INC.



Principal Place of Business 1000 CRYSTAL LAKE DRIVE SUITE 304 POMPANO BEACH FL 33064-1930	Mailing Address 1000 CRYSTAL LAKE DRIVE SUITE 304 POMPANO BEACH FL 33064-1930
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 East Atlantic Blvd Suite, Apt. #, etc. 22 205 J City & State 23 Pompano Beach FL Zip 24 33060 Country 25	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 205 J City & State 28 Zip 29 33060 Country 30 USA
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3. Date Incorporated or Qualified 02/21/1996	3a. Date of Last Report
4. FEI Number 65-0643710	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARINELLI, JOHN V
2201 N.E. 52ND STREET
SUITE 10
LIGHTHOUSE POINT FL 33064**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAULSON, DENNIS J
STREET ADDRESS	1000 CRYSTAL LAKE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL 33064-1930
TITLE	President <input type="checkbox"/> DELETE
NAME	PAULSON, DENNIS
STREET ADDRESS	1000 E ATLANTIC BLVD 205 J
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002250209--1
1.3 STREET ADDRESS	-07/29/97--01032--019
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 if changed, or on an attachment with an address.

CR2E034 (4/97)

7-22-97

To Whom IT MAY CONCERN

I NEVER RECEIVED FIRST NOTICE
ENCLOSED IS CHECK AS INSTRUCTED
THIS MORNING BY YOUR OFFICE;

Thank You
DJ Paulsen