## 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. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

P06000000001 /7\

## **FILED** Sep 22 1997 8:00am Secretary of State

21 6743 NW 2 N CT   25 6743 NW 2 N CT   No.   No.   Suite, Apt. #, etc.   Suite, Apt	Report  Applied For  lot Applicable  Additional Required  May Be I to Fees
WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  Q3/11/1996  2. Principal Place of Business 2a. Mailing Address 2b. G/43 N W 2 N CT  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  B. This corporation owes or has paid the current year in Personal Property Tax due June 30. Yes  9. Name and Address of Current Registered Agent  MURPH, CLIFFORD  1570 - 8TH ST.  WEST PALM BEACH FL 33401	Applied For lot Applicable Additional Required May Be I to Fees
3. Date Incorporated or Qualified 03/11/1996  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 24 Part 1996  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 24 Part 25 Part 26 Part 26 Part 27 Part 26 Part 27 Part 27 Part 27 Part 27 Part 28 Part 29 Part	Applied For lot Applicable Additional Required May Be I to Fees
2. Principal Place of Business 3. Principal Place of Business 4. FEI Number  Per R. Principal Place of Business 3. Principal Place of Business 4. FEI Number  Per R. Principal Place of Business 4. FEI Number  \$8.75  Fee R. Principal Place of Business 4. FEI Number  \$8.75  Fee R. Principal Place of Business 4. FEI Number  \$8.75  Fee R. Principal Place of Business 4. FEI Number  \$8.75  Fee R. Principal Place of Business 5. Certificate of Status Desired 5. Certificate of Status Place 6. Election Campaign Financing 7. Prusi Fund Contribution 8. This corporation owes or has paid the current year in the prusing fund of the	Additional Required May Be I to Fees
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Certificate of Status Desired 3. Street Address of Status Desired 3. Name 4. FEI Number  3. Name 3. Name 4. FEI Number 3. Name 3. Name 4. Status Desired 3. Name 4. Status Desired 4. FEI Number 4. Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status	Additional Required May Be I to Fees
21 6743 NW 2 Nd CT m. 26 6743 NW 2 Nd CT 5. Certificate of Status Desired 58.75  Suite, Apt. #, etc. 27 5. Certificate of Status Desired 55.00  City & State 6. Election Campaign Financing Trust Fund Contribution Added Trust Fund Contribution Added Trust Fund Contribution Added Added Trust Fund Contribution Trust Fund Contributio	Additional Required May Be I to Fees
City & State   City & State   City & State   28   M:A     6. Election Campaign Financing   Trust Fund Contribution   Added   Added   Trust Fund Contribution   Added   Added   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Added   Personal Property Tax due June 30.   Yes   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Trust Fund Contribution   Name and Address of New Registered Agent   Name   Na	May Be I to Fees
28 MiA F  Trust Fund Contribution Added  Zip Country 25 DA d 6 29 33 150 30 DA d 6 29 33 150 DA d 6 29 33	to Fees
24 33/50 25 DAGE 29 33/50 30 DAGE Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent  MURPH, CLIFFORD 1570 - 6TH ST. WEST PALM BEACH FL 33401  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip	1
9. Name and Address of Current Registered Agent  MURPH, CLIFFORD 1570 - 6TH ST. WEST PALM BEACH FL 33401  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip	No No
MURPH, CLIFFORD   1570 - 6TH ST.   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City   FL   85   Zip	
1570 - 6TH ST. WEST PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip	
WEST PALM BEACH FL 33401  83  84 City  FL 85 Zip	
83   84   City   FL   85   Zip	
84 City FL 85 Zip	
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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 in 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.  SIGNATURE  Signature for the purpose of changing in the state of the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits this statement for the purpose of changing in the corporation submits the corporation su	registered 7
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE D DELETE 1.1 TITLE Change	Addition
NAME MURPH, CUFFORD 12 NAME	i
STREET ADDRESS 1570 - 6TH ST. 1.3 STREET ADDRESS	[
CITY-ST-ZIP         WEST PALM BEACH FL 33401         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change	Addition
TITLE L_J DELETE 2.1 TITLE L_ Change	LI Addition
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CITY-ST-ZIP         2 4 CITY-ST-ZIP           TITLE         DELETE         3.1 TiTLE         Change	Addition
NAME 3.2 NAME	
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CITY-SI-ZIP 3.4 CITY-SI-ZIP	
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TITLE DELETE 5.1 TITLE Change	Addition
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CITY-ST-ZIP 54 CITY-ST-ZIP	
TIFLE DELETE 61 TITLE Change	Addition
NAME 62 NAME	ł
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Lip hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further cartify that	ţ

r co necessory 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 empty effect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an attitude ment with an address.