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 # P96000043409 (7)

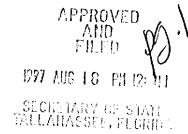
PATHFINDER PROPERTIES, INC.

Principal Place of Business

Mailing Address

2312 DEL WERR RIVD F

2312 DEL WERR BLVD F





SUN CITY CENTER FL 33573			SUN CITY CENTER FL 33573					DO 1	וחז שטודב	INI TAHO O	DAOE		
									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report				
									05/15/1996	a comica	50.	O Di Lasi	rioport
2. Principal Pi	lace of Busine	2a. Mailing Address					-	4. EFI Number			1/	Applied For	
21		26 P. U. B DX 5/29 Suite. Apt. #, etc.						59-33958	46			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status D	Docirod		\$8.75	Additional	
22		27								<u> </u>	Fee F	Required	
City & State	θ	City & State				FI		6. Election Campaign Fi		_		0 Мау Ве	
Zip Country			28 SUN City Center			て	in C		Trust Fund Contribution		Ц	· · · · · · · · · · · · · · · · · · ·	d to Fees
24	2!	¬ '	29 33	571	30	ÜŠ	A		8. This corporation owes	,			ntangible
24							Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent						
9. Name and Address of Current Registered Agent DINOFSKY, NAT D											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90	
	12 DEL WEB												
	IN CITY CEN				82	Street	Addres	dress (P.O. Box Number is Not Acceptable)					
						83							
						84	City				FL	85 Zig	Code
11. Pursuant t	to the provision	s of Sections 607.0502	and 607.1508,	Florida Statu	ites, the a	bove	-nameo	corpor	ation submits this stateme	nt for the p		L L changing	its registered
office or re	egistered ager m familiar with:	it, or both, in the State o , and accept the obligati	f Florida, Such ions of, Section	change was 607 0505 F	authorize Iorida Sta	ed by	the cor	poration	ation submits this statemen's board of directors. I he	reby accep	t the appo	intment a	s registered
SIGNATURE		and decept the congin			ionaa ok		,						
SIGNATURE	Signature, typed or	printed name of registered agent	and title if applicable	(NC	TE. Register	ed Age	nt signature	e required	when reinstating)		DATE		
12.		OFFICERS AND			13.				ADDITIONS/CHANGES	TO OFFIC	ERS AND	DIRECTO	RS IN 12
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NAME			6.2 NA			ME						11/10X ~ W	
OTOGET ANODEGG					600	10553	1000000	1				AGA.	8771747181 1

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 in 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.

To,
Florida Dept. of State
Division of Conforations

9/31/97.

Dear Sir/Madam,

due to the address changes, we did not receive the annual report packet. I am requesting the late few to be waived according to my conversation on the phone with division of corporation. I would appreciate your help.

thank You life Rahman.