## 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



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000048350 (8)

MAINTENANCE REQUISITION ORDER CORP.

Principal Place of Business

Mailing Address

## FILED Aug 28 1997 8:00am Secretary of State



2 <del>732 N.E. 15TH TERRACE-</del> WI <del>LTON MANORS FL 23305</del>		-2792 N.E. 15TH TERRACE WILTON MANORS FL 32305				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address			<del></del>		06/06/1996	
2. Principal Pl	Brand Street SW	26 Mailing Address	ides_	0.0	165-067690°	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1617			A 60.75
22	<u></u>	27 Suiteal	1		5. Certificate of Status Desired	Fee Required
23 City & State	cland TN	28 BOCA RATI	20	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	L Q.L	8. This corporation owes or has pa	
24 <b>&amp; )</b> 21	9. Name and Address of Current		30 141	m Pch	Personal Property Tax due June  10. Name and Address of New Re	
_DEA	RLMAN, CHARLES B	negisteren Agent	81	Name	10. Name and Address of New Ne	gistered Agent
				,		
	EAST LAS OLAS BLVD. TE 1900	82 Street Addre		ess (P.O. Box Number is Not Acceptab	ole)	
	LAUDERDALE FL 33301		83			
•••			84	City		85 Zip Code
	10					FL 65 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 Ag	ent signature require	od when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	<del>9*</del> .	DELETE	1.1 TITLE			
NAME	GHESTNUTT, ELLA B-	•	1.2 NAME		,	•
STREET ADDRESS	2732 N.E. 15TH TERRACE		1.3 STRFE	T ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305	<b></b>	1.4 C/TY-	ST-21P	<u> </u>	
TITLE		☐ DELETE	2.1 TITLE	D	1P	Change  Addition
NAME			2.2 NAME	RÓ	110h Johnson	~
STREET ADDRESS	•		2.3 STREE	TADDRESS 🔱	DO LA CHO	ابن ا
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	ifuctional TN 378	
TITLE		☐ DELETE	3.1 T(1LE	DI	3	Change L Addition
NAME			3.2 NAME	lie	STER GANN	
STREET ADDRESS			3.3 STREE	T ADDRESS	415 sycamone Dr.	224
CITY-ST-ZIP			3.4. CITY-	S1-ZIP	notuile TIV	31901
TITLE		☐ DELETE	4.1 TITLE		م معتد منتصلا مسمعه	Change Addition
NAME			4. 2 NAME	717	bert Housman	اله ماند
STREET ADDRESS			4.3 \$1REE	T ADDRESS	JULY GOVES ICCL O	33131
CITY-ST-ZIP		Deces	4.4 CITY-	ST-ZIP	ald kuton fl	35454 100 100
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			St 28
STREET ADDRESS				1 ADDRESS		4.4
CITY-ST-ZIP		DELETE	5.4 CITY - : 6.1 TITLE	SI-ZIP		Change Addition
TITLE			6.2 NAME			
NAME CORECT ADDRESS				T ADDDESS	00000228 -08/29/970100	UBUU
STREET ADDRESS				T ADDRESS	-08/29/970100 ***2793.75	J4UU1
14. I do hereb	ov certify that the information supplied	with this filing does not qualify	for the ex		in Section 119.07(3)(i), Florida Statute	s. 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.						