## SECONO 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

## APPROVED AND FILED



1797 AUG 20 PM 1: 28

|  | 1997  | DIVISION OF CO                     | RPORATIONS                       | SECRETARY   | 7 OT STATE  |
|--|---|------------------------------------|----------------------------------|---|---|
| DOCUMENT # P9600063560 (2) PARTIES ON THE GROW INC.  |   |                                    |                                  | SECRETARY OF STATE TALLAHASSEE, FLORIDA                 |   |
|  |   |                                    |                                  |   |   |
| Principal Place  | e of Business                                       | Mailing Address                    |                                  |   | 8/11 111/16 6/16 6 1/10 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 11/16 1 |
| 17611 LAKE PARK ROAD 17611 LAKE PARK ROAD  |   |                                    |                                  |   |   |
| BOCA RATON FL 33487 BOCA RATON FL 33487  |   |                                    | DO NOT WRITE                     | IN THIS SPACE   |   |
|  |   |                                    |                                  | 3. Date Incorporated or Qualified                       | 3a. Date of Last Report   |
| 2. Principal P   | lace of Business                                    | 2a. Mailing Address                |                                  | 07/29/1996<br>4. FEI Number                             | Applied For   |
| 27 6450 West Rogers Cinde  |   |                                    |                                  | 65-0687901  | Not Applicable  |
| Suite, Apt. #, etc.  22 Boca Raton F. 27   |   |                                    |                                  | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required  |
| City & State 23 3348   | <sup>3</sup> 7                                      | City & State                       |                                  | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| Zip  | Country   | Zip                                | Country                          | 8. This corporation owes or has pa                      | aid the current year Intangible   |
| 24   | 25 USA,   | 29 3                               | 0                                | Personal Property Tax due June                          |   |
| 01   | 9. Name and Address of Current                      | Registered Agent                   | 81 Name                          | 10. Name and Address of New Re                          | gistered Agent  |
|  | DVINAZZO, SUSAN                                     |                                    |                                  |   |   |
| 17611 LAKE PARK ROAD<br>BOCA RATON FL 33487  |   |                                    | 82 Street Add                    | eet Address (P.O. Box Number is Not Acceptable)         |   |
| ,  | ON INTOIT LE GOTO                                   |                                    | 83                               |   |   |
|  |   |                                    | 84 City                          |   | Too L Zin Codo  |
|  |   |                                    |                                  |   | FL 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. |   |                                    |                                  |   |   |
| agent. I a   | m familiar with, and accept the obliga              | tions of, Section 607.0505, Florid | da Statutes.                     | (   | of the appointment as registered  |
| SIGNATURE  | Signature, typed or printed name of registered agen | it and bits if applicable /NOTE E  | logistered Agent signature roqui | ized who spinotaling)                                   | DATE  |
| 12.  | OFFICERS AND  |                                    | 13.                              | ADDITIONS/CHANGES TO OFFIC                              |   |
| TITLE  | Р   | ☐ DELETE                           | 1.1 TITLE                        |   | CERS AND DIRECTORS IN 12  Change Addition   |
| NAME   | GIOVINAZZO, SUSAN                                   |                                    | 1.2 NAME                         |   | · · · · · · · · · · · · · · · · · · ·   |
| STREET ADDRESS   | 17611 LAKE PARK ROAD                                |                                    | 1.3 STREET ADDRESS               |   | 751773  |
| CITY-ST-ZIP  | BOCA RATON FL 33487                                 | T priete                           | 1.4 CITY-ST-ZIP                  | <del>7000</del> 022                                     | 751773  |
| TITLE  |   | ☐ DELETE                           | 2.1 TITLE                        | -08/22/   | 3/DITOMAS-OFT Vocation In   |
| NAME<br>Street adoress   |   |                                    | 2.2 NAME<br>2.3 STREET ADDRESS   | ****16  | 2.00 ****100.00   |
| CITY-SI-ZIP  | 1   |                                    | 2.4 CITY-ST-ZIP                  |   |   |
| TITLE  |   | ☐ DELE TE                          | 3.1 TUTLE                        |   | Change Addition   |
| NAME   |   |                                    | 3.2 NAME                         |   |   |
| STREE DORESS   |   |                                    | 3.3 STREET ADDRESS               |   |   |
| CITY-ST-ZIP  |   |                                    | 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<br>TITLE   |   | ☐ DELETE                           | 44 CITY-ST-ZIP<br>51 TITLE       |   | Change Addition   |
| NAME   |   | FT DOLLAR                          | 5.2 NAME                         |   | The originals The value (iii)   |
| STREET ADDRESS   |   |                                    | 5.3 STREET ADDRESS               |   |   |
| CITY-ST-ZIP  |   |                                    | 5.4 City-St-Zip                  |   | ۸ . ا   |
| TITLE  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>        | DELETE                             | 6.1 TITLE                        |   | Change A Amount   |
| NAME   |   | •                                  | 6.2 NAME                         |   | athiom t  |
| STREET ADDRESS   |   |                                    | 6.3 STREET ADDRESS               |   | - ighton  |
| CITY-ST-ZIP  |   |                                    | 64 CHY-ST-ZIP                    |   | <u> </u>  |

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.

Dear Sirs.

I am writing this letter as per my conversation with your representative (Doug). I explained to him to my maeling address + business address are not the same. My business address is 6450 West Rogers aide Boca Raton, F.l. 33487. I have only actually been in business since January 97, ever though my conserate spapers were I led leardier in 196" Jan I trying to keep my paper-work in Jorder, which seems to be an overwhelming task Preceived a packet Stating and notice and I know tha fact I never received the Histpacket (a bill of this Smag maturde is not something I would over look) Dong said to send buseness address in make sure that nu nuary @ receive

The renewal forms.

Just you need an Just her infol or would like of speak to me please.

Thank you

Swan D. Giovinezzo