## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## Sep 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

	1998	DIV	Secretary of State DIVISION OF CORPORATIONS				Secre	tary	of S	Sta	ate		
1. Co	CUMENT rporation Name	F30000	068613	(4)									
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LAKE V	VORTH FL 33467		LAKE WORTH					DO NOT WR	ITE IN TUIC	<b>SDACE</b>			
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								08/15/1996	-				
2. Pri	ncipal Place <b>of</b> Busir	1855	2a. Malling Ac	dress	· · · · · · · · · · · · · · · · · · ·			4. FEI Number			pplied	For	]
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\$u 22	ite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 Fee F	Addit Require			
	y & State		City & Ste	ite				6. Election Campaign Financing		\$5.00			1
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Zip		Country 25	Zip 29	·	30 Cou	ntry	<del> </del>	This corporation owes or has Personal Property Tax due Ju	ine 30.	Yes	tangib No		
		and Address of Curren	t Registered Ager	<u>nt</u> _		B1 N	lame	10. Name and Address of New	Registered	Agent			-
	LECHON, HECT					, ["	ianie						
7270 SHELL RIDGE TER LAKE W <b>OR</b> TH FL 33467					82 Street Add			ess (P.O. Box Number is Not Accept	able)				1
	DAKE HUNIN	FL 33407				83							1
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11. F	Pursuant to the provis	sions of sections 607.0502	2 and 607.1508, Fig	orida Statute	s, the abo	ove-nar	med corpor	ration submits this statement for the p	urpose of ch	anging Its r	egiste	red	-
	office or regi <b>stere</b> d as	sions of sections 607.0502 gent, or both, in the State vith, and accept the obliga	of Florida. Such ch	lange was a	authorized	by the	med corpor corporation	ration submits this statement for the pon's board of directors. I hereby acce	urpose of ch	anging Its r ntment as r	egiste egiste	red red	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 rue 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 empoweled 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.

**FILED**