SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR SEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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Principal Plac	e of Busines	.s	М	ailing Address								
4250 SW 109TH DAVIE FL 3332	H AVE		42: DA	, 1250 SW 109TH AVE DAVIE FL 33328 US					DO NOT WRI	TE IN THI	S S PACE	
US						3. Date Incorporated or Qualified						
									08/19/1996			
2. Principal Place of Business 21				2a. Malling Address					4. FEI Number 65-0698022			Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 A	dditional
City & Stat			27	·				\longrightarrow			Fee Rec	
City & Stat			28	City & State				l	Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	
Zip		Country		Zip	Cou	ntry			8. This corporation owes or has p		rrent year intai	ngible
24	9 Name	25	29 of Current Regis	torod Acapt	30				Personal Property Tax due Jui 10. Name and Address of New F			No
CON	IREY, RICH		or correct Kehis	reien wheur		81	Name		TO, Hame and Adoress of New P	redistates	Ment	
		TH AVENUE				62	Street A	ddres	s (P.O. Box Number Is Not Accepte	ble)		
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						84	City			FI	85 Zip C	ode
11. Pursuant	to the provis	sions of sections	607,0502 and 60	7.1508, Florida Statut	es, the abo	ove-n	named co	rporat	tion submits this statement for the pu	rpose of c	hanging its reg	istered
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	Slonehare haned	or orinted name of re	egistered agent and title	(A)	IOTE: Basister	ad Sa	ant almost the		d when reinstating)	DATE		
12.	Olgrand, typeo		CERS AND DIRE		13.	~ ~ ~ ·	all signatore	regare	ADDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12
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14. I hereby ce	ertify that the	information sur	plied with this fitir	g does not qualify for	6.4 CIT the exemp	fion s	etated in a	section	n 119.07(3)(i), Florida Statutes. I fur	her certify	that the inform	ation
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 true and accurate and that my signature shall have the same legal effect as if made under certify 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.												
SIGNAT	URF.	1 (1)	an Line	- 1 1 1 YO K	respond	مليا	ት ኒ		7-17-9	-		

July 8th, 1998 To Whom It They Corcur. fluxe accept my redubiliting of my applications and my checks. There was confession on my address. Spril 14th, 1998. I have enclosed copies of my previous checks along with appacement checks. Please credit my account accordingly. Thank you,