

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.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070514 (0)

1. Corporation Name
FLO-AHEAD, INC.

Principal Place of Business

4100 N. MIAMI BEACH
MIAMI FL 33127

Mailing Address

4100 N. MIAMI BEACH
MIAMI FL 33127



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 3100 NE 48 St (#510)

2a. Mailing Address

26 3100 NE 48 Street

4. FEI Number

65-0700454

Applied For

Not Applicable

Suite, Apt. #, etc.

22 APT # 510

Suite, Apt. #, etc.

27 APT # 510

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 FT LAUDERDALE, FL

City & State

28 FT LAUDERDALE, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33308

Country

25 USA

Zip

29 33308

Country

30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

GUS L.P. GOVAERT

82 Street Address (P.O. Box Number is Not Acceptable)

RR 4100 N. MIAMI BL

83

84 City

MIAMI

FL

85 Zip Code

33127

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12 August 97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D BEAUFFORT, FREDERIC D
STREET ADDRESS 4100 N. MIAMI BEACH
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P DE BEAUFFORT, FREDERIC C.
1.3 STREET ADDRESS 3100 NE 48 Street (#510)
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE OF OFFICER FREDERIC DE

3 AUGUST 1997

CP2E034 (4/97)