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**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070641 (1)

JIMMY SOCASH INC.

FILED Aug 26 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 11201 S.W. 55TH STREET 11201 S.W. 55TH STREET MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1996 28. Mailing Address 2. Principal Place of Business FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent <u>ŠOCA\$H, JIMMY F</u> 81 11201 S.W. 55TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 MIRAMAR FL 33025 83 64 City 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 Stato 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 THILE Change TITLE SOCASH, JAMES F NAME 1.2 NAME 11201 S.W. 55TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 1.4 CITY-ST-ZIP CITY-ST-ZIP DVP Change DELETE Addition 2.1 TITLE TITLE SOCASH, LUCIA T NAME 2.2 NAME 11201 S.W. 55TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CiTY-ST-ZiP 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), Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental anguar 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 rouside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13ti changed, or to an anatomical with an address.