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 # P96000077854 (3)

FILED Sep 23 1997 8:00am Secretary of State

		DISCOVERY IN	C.	UT (U)				
Principal Place of Business Mailing Address								
222 112TH ST			•	222 112TH ST.				
MARATHON F	L 33050		MARATH	MARATHON FL 33050				
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1996
2. Principal P	Place of Busin	ness	<u></u>	2a. Mailing Address				4. FEI Number Applied For
21			26					Not Applicab
Suite, Apt.	#, etc.		Suite.	Suite, Apt. #, etc.				Certificate of Status Desired Sa.75 Additional Fee Required
City & Stat	te		City &	Cily & State				6. Election Campaign Financing \$5.00 May Be
23			28	· • • · · · · · · · · · · · · · · · · ·				Trust Fund Contribution Added to Fees
Zip	· — ·		Zip	Zip Co		ry	İ	8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
			urrent Registered	Agent	8	aT		10. Name and Address of New Registered Agent
	LETTE, RO				•	1 Name		
222 112TH ST. MARATHON FL 33050						2 Street	Addres	ss (P.O. Box Number is Not Acceptable)
						84 City		FL 85 Zip Codo
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 607.150	8, Florida Statut	es, the abo	ve-named	corpor	
agent. f a	registered ag im fam iliar w	ith, and accept the	obligations of, Secti	on 607.0505, Fl	aumorizea t orida Statuti	oy the corp es	poration	ration submits this statement for the purpose of changing its registere n's board of directors. I hereby accept the appointment as registered
SIGNATURE	Classius, build	or prioled same of purits	red agent and title if applica	this (NC1	L. Donistored A	acat slavet		when reinstating) DATE
12.	organistic, typico		S AND DIRECTORS		13.	Hem signature	o redoned	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DELETE	1.1 TITLE		T	Change Addition
NAME				1.2				
STREET ADDRESS 222 112TH ST.				1.3 \$			Ì	
CITY-ST-ZIP	MARATH	ION FL 33050			1.4 CITY	ST - ZIP		
TITLE				☐ DELETE	2.1 TITLE		1	☐ Change ☐ Addition
NAME					2.2 NAME			
STREET ADDRESS				235		T ADDRESS	ļ	
City-St-ZiP				2 4 (
TITLE				☐ DELETE	31 TITLE			Change Addition
NAME					3.2 NAME			
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP					3.4. CITY	-ST-ZIP		
TITLE				☐ DELETE	4.1 YITLE			☐ Change ☐ Addition
NAME STREET ADDRESS				4. 2 NAME				
STREET ADDRESS					4.3 STREET ADDRESS			
CITY-ST-ZIP				DELETE	4.4 CITY -	ST-ZIP		
TITLE				0	5.1 TITLE	·		L. Change L Additio
NAME STREET ADDRESS					5.2 NAME			
STREET ADDRESS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					T ADDRESS		
CITY-ST-ZIP				DELETE	5.4 CITY- 6.1 TITLE	21-4IY	 	☐ Change ☐ Additio
NAME					6.2 NAME			— Cuange — Munito
STREET ADORESS								
CITY-ST-ZIP				6.3 STREET ADDR 6.4 CITY-ST-ZIP				
44 Lela hazak			P 1 M 21 21 2 PM	-1	0.4 0/11	01-11		0 0 440 07(0)(1) 0 44 0 44

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.

CICNIATURE

males Willette REDUARD (VIOLETTE 91

2-71/2/21/1