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

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 12 1997 8:00am Secretary of State

DOCUMENT # P96000084971 (6) 1. Corporation Name PAINLESS DOCKS, INC. Principal Place of Business STE. 203A, 7301-A, PALMETTO PK. RD. BOCA RATON FL 33433 Mailing Address STE. 203A, 7301-A, PALMETTO PK. RD. BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3a. Date of La	ist Report
2. Principal Pi	ace of Business	2a. Mailing	Address			10/15/1996 4. FEI Number		Applied For
21		26				65-071855	3	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 -	75 Additional
City & State		City & State						e Required
23	•	28				Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	 			8. This corporation owes or has pa		
24	25	29		30		Personal Property Tax due June	30. Yes	No
	Name and Address of Current INGS, INC.	Registered Ag	jent	81 1	lame	10. Name and Address of New Re	gistered Agent	
373 FT.	2 N.W. 16TH STREET LAUDERDALE FL 33311-4132			83 84 C	7301- Suit B	ss (P.O. Box Number is Not Accepta FA W PALMETTO E 305 C OLA RATON	FL 85	Zip Code 33433
11. Pursuant to the proviptions of Soctions 67,050° 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, it is 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, typod or printed play to registered agent and title if applicable (NOTE: Registerer Agent signature required when reinstating) DATE								
SIGNATURE	Signature, typod or printed name (Progistered agon	I and title if applicable	O NOTE	: Registere i Agent si	gnaturo required		DATE	
12.	D OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	CARDOZO, REGINALD H	ļ	ר") מברכוב	1.1 TITLE 1.2 NAME	1		Li Chai	noithbt.A 🔲 egr
STREET ADDRESS	STE. 203A, 7301-A, PALMETT	0 PK. RD.		1.3 STREET ADD	IRESS			Į
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY-ST-2	1			
TITLE	D	7	DELETE	2.1 TITLE			Chai	nge Addition C
NAME	JACOBS, LEONARD			2.2 NAME	j			1
STREET ADDRESS	STE. 203A, 7301-A, PALMETT	o PK. Rd.		23 STREET ADD	RESS			
CITY-ST-ZIP	BOCA RATON FL 33433		DELETE	2.4 CITY-ST-Z	IP			771.0000
TITLE NAME	D DELETE KRAVITZ, CHARLES S		3.1 TITLE 3.2 NAME			L Char	nge [_] Acdition	
STREET ADDRESS	4316 S. OCEAN BLVD.			3.2 NAME 3.3 STREET ADD	RFSS			
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			3.4. CITY-ST-Z	1			
TITLE			DELETE	4.1 TITLE			☐ Char	ige Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET ADD	ress			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T 60 515	4.4 CITY - ST - ZI	Р			
TITLE		ı	DELETE	5.1 TITLE			L. Char	nge 🔲 Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADD	oproe !			
CITY-ST-ZIP				5.4 CITY-ST-ZI				
TITLE			DELETE	6.1 TITLE	' 	·	☐ Char	nge Addition
NAME		•		6.2 NAME				-
STREET ADDRESS				6.3 STREET ADD	RESS			
CITY-ST-ZIP				6.4 CITY - ST - ZI				
14. I do hereb	y certify that the information supplied	with this filing o	does not qualify	for the exemp	tion stated i	in Section 119.07(3)(i), Florida Statute	s. I further certify	that the

Information indicated on his annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of lam an officer or direction of the desponation of 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 changed, or on an attachment with an address.