

AND 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.)

APPROVED  
AND  
FILED

1997 AUG 18 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085273 (6)**

1. Corporation Name

**F.A.D. CORPORATION OF FT. LAUDERDALE**

Principal Place of Business

Mailing Address

**901 NE 14TH AVENUE  
BLDG 6, APT 404  
HALLANDALE FL 33009**

**901 NE 14TH AVENUE  
BLDG 6, APT 404  
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>12801 W. SUNRISE BLVD</b>		26 <b>SAME</b>		10/14/1996		10/14/1996	
22 Suite, Apt. #, etc. <b># 869</b>		27 Suite, Apt. #, etc. <b>SAME</b>		4. FEI Number <b>65-073-2362</b>		Applied For	
23 City & State <b>SUNRISE FL</b>		28 City & State <b>SAME</b>		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
24 Zip <b>33323</b>		29 Zip <b>BROWARD</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, FLORENCE  
901 NE 14TH AVENUE  
BLDG 6, APT 404  
HALLANDALE FL 33009**

81 Name

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

83

84 City

**FL**

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORENCE MILLER</b>	1.2 NAME	
STREET ADDRESS	<b>2505 BAY ISLE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOBURN, FL, 33327</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)

7/21/97

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PURSUANT TO OUR CONVERSATION TODAY—PLEASE  
BE ADVISED THAT WE NEVER RECEIVED  
THE ORIGINAL FORM.

ENCLOSED PLEASE FIND A CHECK FOR  
\$165.

THANK YOU  
Fluence Miller

P.S. - PLEASE NOTE ADDRESS CHANGE