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

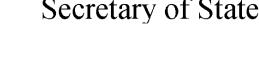
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104479 (6)

14. I do hereby certify that the information supplied with the filinformation indicated on this annual report of supplemental am an officer or director of the corporation or the receiver appears in Block 12 or Block 13 if changed or on an attack.

1	NE			· · · · · · · · · · · · · · · · · · ·	
2. Principal P	lace of Business	2a. Mailing Address		12/24/1996 4. FEI Number	Applied For
21		26		65-0705563	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regist	ered Agent
302 FT (NICK, ROBERT B 0 NW 33 AVE LAUDERDALE FL 33311	200 1002 4700 Fix to 201	83 84 City	iress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a		authorized by the corpora- forida Statutes.	poration submits this statement for the purp tion's board of directors. I hereby accept the	e appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	D RESNICK, ROBERT B 3020 NW 33 AVE FT LAUDERDALE FL 33311	[] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-2IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE1 ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition

FILED Sep 19 1997 8:00am Secretary of State



of qualry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that see empowered to execute this report as required by Chapter 604. Florida Statutes; and that my name

1. On Only and day