## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT BUT ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ... DIVISION OF CORPORATIONS

**DOCUMENT #** P97000004439 (0)

TROY FUNK P.A.

Principal Place of Business

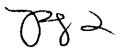
Mailing Address

REQUIRED

## **FILED** Aug 24 1998 8:00am Secretary of State



2051 MAIN STREET. SUITE 119 SARASOTA FL 34237			2051 MAIN STREET. SUITE 119 SARASOTA FL 34237			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/15/1997
2. PringpahPlace of Bysiness 2a. Malling Address						4. FEI Number Applied For
21 6/23 VIETSON ST. C			TEXTE PO 1344 3319			65-0770533 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State  23 VACASOTA FC			City & State  28 Darg 50 4a 7/			S. Election Cempaign Financing     Trust Fund Contribution     Added to Fees
Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible
24 31243 25 45A 9. Name and Address of Current			29 34230 30 USA Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
					1 Name	
AMERILAWYER CHARTERED					J	1 ROY FUNK
343 ALMERIA AVENUE					2 Street	Address (P.O. Box Number is Not Acceptable) 6923 STE ISON STREET CIRCLE
CORAL GABLES FL 33134					3	WIND SIETSON CINECI CIRETE
1				١		<u> </u>
					4 City	4245077A FL 85 Zip Code 3.42.43
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 eigent of 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 ampliantly with add accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE Signature type of profiled name of registered agent end title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
12. OFFICERS AND					Tigoria digitali	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	PSTD 1	/ <del></del>	DELETE	1.1 TITLE		TOCAL TO THE TOTAL
NAME	FUNK, TRO	1	500010	1.2 NAME		TROU FUNK
STREET ADDRESS 2051 MAIN STREET, SUITE 119					ET ADDRESS	TRUJ FUNK 6923 STETSON ST. CIRCLE
CITY-ST-ZIP SARASOTA FL 34237				1.4 CITY		SACASOTA FI 34243
TITLE	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		C Shange C Assure
STREET ADDRESS	DORESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY-\$1-ZIP			
TITLE			DELETE	3.1 TITLE		Change Addition
NAME ]	1			3,2 NAME		J Change _ Nation
STREET ADDRESS				3.3 STRE	ET ADDRESS	
CITY-\$1-ZIP				3.4 CITY-		
TITLE	. <del></del>		DELETE	4.1 TITLE		Change Addition
NAME			L	4.2 NAME		
STREET ADDRESS				4.3 STREI	T ADDRESS	
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	
TITLE			DELETE	5.1 TITLE		500002624 <b>02</b> 99 Addition
NAME				5.2 NAME		-08/25/9801010- <b>-0</b> 04
STREET ADDRESS	STREET ADDRESS			5.3 STREE	ET ADDRESS	***150.00
CITY-ST-ZIP			5.4 CITY-	\$T-ŽIP	**************************************	
TITLE	DELETE			6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		ا لمرم ١٧٠ ا
CITY-ST-ZIP				6.4 CITY	ST-ZIP	( * * * * * * * * * * * * * * * * * * *
14. I hereby certify that the information supplied very list 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 supplementally 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 viet givelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears in Block 12 or Block 13 if changes, or on, or girly chiment with an address.						



## TROY FUNK, P.A. 6923 STETSON STREET CIRCLE SARASOTA, FL 34243

August 12, 1998

Division of Corporations Annual Reports Filings PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the second notice annual report form along with a check payable in the amount of \$150.00. Please note that we are located at another address and never received the first one. I was informed by your office to write you a letter explaining as such.

If I can be of further assistance, please contact me.

Thank you

Troy/Funk President