

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$360 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098686 1. Corporation Name 8325 N.E. 2ND AVENUE CORP.			
Principal Place of Business % 209 N.E. 9TH ST. ROOM 5 MIAMI SHORES FL 33138		Mailing Address % 209 N.E. 9TH ST. ROOM 5 MIAMI SHORES FL 33138	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent GERKEN, JOHN H % 209 N.E. 9TH ST. ROOM 5 MIAMI SHORES FL 33138		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 re-registering.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GERKEN, JOHN H % 209 N.E. 9TH ST. ROOM 5 MIAMI SHORES FL 33138		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D/P GERKEN, JOHN H. c/o 209 N.E. 95TH ST., ROOM 5 MIAMI SHORES, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITEHEAD, KATHRYN G 6943 S.E. 12TH CIRCLE OCALA FL 33480		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D/S WHITEHEAD, KATHRYN G. 6943 S.E. 12TH CIRCLE OCALA, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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 as an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		7/7/99 305 739 1676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

APPROVED
AND
FILED

99 OCT 18 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8-6-99 90006 035
DO NOT WRITE IN THIS SPACE 55002

02/28/98

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