

*** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # S00420 (7)

95 JUN 20 AM 9:16

1. Corporation Name
LATTUDE 25, INC.

Principal Place of Business: **206 CROMWELL COURT TAVERNIER FL 33070 US**
Mailing Address: **POST OFFICE BOX 1442 TAVERNIER FL 33070 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1990**
3a. Date of Last Report: **05/01/1994**
4. FBI Number: **65-0221594**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.029, Florida Statutes: Yes No

2. Principal Place of Business: **21 Post Office Box 1442**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
INTERLIEE FLA.
City & State: **29**
Zip: **33070** Country: **USA** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**GREGG, MARK H.
59240 OVERSEAS HIGHWAY
SUITE 5
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent
81 Name: **DOTTIE WOLFE**
82 Street Address (P.O. Box Number not Acceptable): **8181 NW 36th ST.**
83 **SUITE 1 - THE COURTYARDS**
84 City: **MIAMI** 85 Zip Code: **FL 33166**

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: *Dottie Wolfe* **DOROTHY DOTTIE WOLFE** **6/15/95**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRABOWSKI, STEVE
STREET ADDRESS	206 CROMWELL CT.
CITY - ST - ZIP	TAVERNIER FL
TITLE	D
NAME	GRABOWSKI, MARGARET
STREET ADDRESS	206 CROMWELL CT.
CITY - ST - ZIP	TAVERNIER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 discover 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.

SIGNATURE: *Stephen M. Grabowski* **STEPHEN M. GRABOWSKI, PRESIDENT** **6-15-95**
Signature (typed or printed name of signing officer or director) DATE

305-664-7124
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