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**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

AUTHUR WALL
) avenue K S.W. Nter Haven FL 33880
Mailing Address
Suite, Apt. #, etc.

FILED Jul 22 1997 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 04/12/1991 04/17/1996 Applied For 4. FEI Number 59-3063063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 X Yes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 61 Name QUINTON, A. E., JR. 80 S.W. 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2804** 83 MIAMI FL 33130 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 DATÉ Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required where reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTSD DELETE TITLE 1.1 TO LE Channe Addition NAME MAHALAK, RALPH E. 1.2 NAME STREET ADDRESS 190 AVE. K S.W. 1.3 STREET ADDRESS WINTER HAVEN FL 1.4 CHTY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THE MAHALAK, MICHAEL 2.2 NAME NAME 190 AVE K SW STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL DITY-ST-ZIP 2. 4 CITY-ST-ZIP AST DELF1E Change Addition TITLE 3.1 TITLE ROWELL, LOIS NAME 3.2 NAME 190 AVE K SW STREET ADDRESS 3 3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 3.4. CHY-S1-ZIP Change DELETE Addition 4.1 THLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-S1-7/P 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.

(4/97