SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S80311 (1)

1. Corporation Name

ALFIE'S TAVERN, INC.

Principal Place of Business	Mailing Address
215 B-2 PINE HOV CIRCLE LAKE WORTH FL 33463	215 B-2 PINE HOV CIRCLE LAKE WORTH FL 33463

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0344344 [ ] 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. 199.032 Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business
21 4426 N.W. 29th WAY
22 Suite, Apt #, etc. ATT: Tim McCabe
23 City & State: Boca Raton Florida
24 Zip: 33434
25 Country: U.S.A.

2a. Mailing Address
26 SAME
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MCCABE, TIMOTHY P.
6503 N MILITARY TRAIL
#2500
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: Timothy P. McCabe
82 Street Address (P.O. Box Number is Not Acceptable): 4426 N.W. 29th WAY
83
84 City: Boca Raton
FL
85 Zip Code: 33434

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], Timothy P. McCabe August 6, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MCCABE, TIMOTHY P.	
STREET ADDRESS	215 B-2 PINE HOV CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	[✓] DELETE
NAME	MCCABE, THERESA	
STREET ADDRESS	215 B-2 PINE HOV CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[✓] Change [ ] Addition
1.2 NAME	McCabe, Timothy P.	
1.3 STREET ADDRESS	4426 N W 29th WAY	
1.4 CITY-ST-ZIP	Boca Raton, Florida 33434	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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.

SIGNATURE: [signature] Timothy P. McCabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/6/96
Daytime Phone #: (561) 964-3344