

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.)

97 OCT 28 AM 9: 43

PROFIT CORPORATION ANDREADAT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIBA

9)4/07

1	997) CIVISHOPNOFO	d 2000 1 (5 V	V /		
DOCUM 1. Corporation N ADSERVE		(7)				
Principal Place of Business Mailing Address				-{	!! • •	
2000 NE 20RD GOURT 2000 NE 20RD COURT					16.00	
P OMPANO BEAC	H-FL-93062	POMPANO BEACH FL 3330	02,	DO NOT WRITE 3. Date Incorporated or Qualified 12/06/1991	IN THIS SPACE 1 7 7 3a. Date of Last Report 11/20/1996	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
771 Ranch Road		26 771 Ranch Road		65-0301964	Not Applicable	
Suite, Apt. #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	on, FL.	Weston, Fl	ն.	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24 33326	25		30	Personal Property Tax due June 10. Name and Address of New Re		
HODE	9. Name and Address of Current	Hegisterea Agent	81 Name	10. Name and Address of New He	gistered Agent	
HCRM CORP. 1900 CORPORATE BLVD., N.W.						
400 - WEST BUILDING			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			63			
			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 _	phature, typed or printed name of registered agent	and title if appointme(NO1E:	Registered Agent signature require		DATE	
12.	OFFICE NS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DAMPON MADIE I	□ DELETE	1.1 1ITLE		X Change ☐ Addition	
	DAVIDOV, MARIE L. 2000 NE 23RD COURT-		1.2 NAME 1.3 STREET ADDRESS	771 Ranch Road		
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL		1.0 STREET NOOTE OO	Weston, FL. 33326		
TITLE		DELETE	2.1 TOLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-		Distre	2. 4 CHY-ST-ZIP		355673 773	
TITLE		L. DELETE	31 TITLE 3.2 NAME	-10/29/	9701128-026	
NAME V STREET ADDRESS			3.3 STREET ADDRESS	*****75		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TiTLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
.TITLE NAME		ביין הנכנונ	5.1 TITLE 5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		,	
TITLE		☐ D£LE1E	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS	/		63 STREET ADDRESS			
OTTY-ST-ZIP	partity that the information cumuling	with this filing dose not qualify	6.4 CITY - ST-7IP	in Section 119 07/3Vi). Florida Statuto	s. I further certify that the	
information i I am an offic appears in E	ndicated on this annual report or super ear or director of the corporation or the Block 12 or Block 13 if changed, or c	pplemental annual report is true receiver or trustee empower on an attachment with an address	use and accurate and that ired to execute this report less.	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega l as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name	

SUCISATINED IN OVERALLY