SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$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**

DOCUMENT # V08638

(1)

FILED Sep 17 1998 8:00am Secretary of State

Principal Place 671 S.W. 45TH DAVIE FL 33314	1 STREET		Mailing Address 4671 S.W. 45TH STR DAVIE FL 33314	EET						
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						1	corporated or Qualified	1		
2 Principal D	lace of Business		2a. Malling Address			01/21/ 4. FEI Nui			lan	plied For
z. Frincipar F	lace of business		26. Walling Address				13432			t Applicabl
Sulte, Apt.	#. etc.	 	Suite, Apt. #, et			111111111111111111111111111111111111111			\$8.75	
]			27			5. Certifica	ite of Status Desired		Fee Re	
City & Stat	e		City & State			6. Election	Campaign Financing		\$5.00	May Be
]			28			Trust Fu	and Contribution		Added t	
Zip	Country		Zip	Cour	itry	I	poration owes or has		, ,	7 -
	25		29	30			I Property Tax due Ju		Yes _	No
	9. Name and Addres	s of Current F	Registered Agent		81 Name	10. Name a	and Address of New	Registered A	gent	
	S, CHRISTOPHER				INAIIIB					
4671 S.W. 45TH STREET					82 Street	Street Address (P.O. Box Number is Not Acceptable)				
UAVI	E FL 3 3314			<u> </u>	83			- -		
					84 City			FL	85 Zip (Code
	to the provisions of section registered agent, or both, am familiar with, and access							DATE		
IGNATURE	Signature, typed or printed name o		nd tille if applicable. DIRECTORS	(NOTE: Register	ed Agent signatu	re required when reinstatin		DATE		
IGNATURE 2. LE	Signature, typed or printed name of OF	of registered agent an	nd title if applicable.	(NOTE: Register 13. 1.1 TITU	ed Agent signatu E	re required when reinstating	ns/changes to op	DATE		DRS IN 12
IGNATURE 2. ILE ME	Signature, typed or printed name of OF PVD DAVIS, CHRISTOPHE	of registered agent an	nd tille if applicable. DIRECTORS	(NOTE: Register 13. TE 1.1 TITU 1.2 NAM	ed Agent signatu E	re required when reinstatin ADDITIO	ns/changes to op	DATE	DIRECTO	DRS IN 12
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EIGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP	Signature, typed or printed name of OF PVD DAVIS, CHRISTOPHE 6301 PARK STREET HOLLYWOOD FL 334	of registered agent ar FICERS AND	nd tile if applicable. DIRECTORS DELE	(NOTE: Register 13. TE 1.1 TITU 1.2 NAM 1.3 STR 1.4 CIT	ed Agent signatu E ME EET ADDRESS (-ST-ZIP	re required when reinstatin ADDITIO	ns/changes to op	DATE	DIRECTO	PRS IN 12
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