

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED AND FILED *1/8/2*

97 JUL -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V21079 (1)

1. Corporation Name
OLDE TYME, INC.



Principal Place of Business 7700 NORTH KENDALL DRIVE STE 908-B MIAMI FL 33156 US	Mailing Address 7700 NORTH KENDALL DRIVE STE 908-B MIAMI FL 33156-7564 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 03/12/1992	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0326826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WALD, EARL A.
9700 S DIXIE HWY.
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSD	<input type="checkbox"/>
NAME	KORSHIN, SUSAN B.	
STREET ADDRESS	8617 NW 43RD COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	MGR / DIRECTOR	<input type="checkbox"/>
NAME	GREENSTEIN, SIDNEY H.	
STREET ADDRESS	5131 S.W. 87 AVE.	
CITY-ST-ZIP	MIAMI, FLA. 33165	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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******165.00 ****165.00**

B. Alan
7/7/97

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.

CR2E034 (9/96)

OLD TYME, INC.

pg. 2 of 2

7700 NORTH KENDALL DRIVE Suite 508-B

MIAMI, FLORIDA 33156

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla 32314

JUNE 28, 1997

Re: FEI# 65-0326826
Old Tyme, Inc
Annual Corporate Report, 1997

To Whom it may Concern:

Pursuant to my recent conversation with your office, I am enclosing our check in the amount of \$165.00 for the filing fee as referenced above.

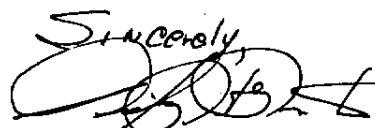
Although, we are filing late, I was advised by your office to go ahead and send the check for \$165.00 along with a letter of explanation. We sincerely hope that our explanation for not filing timely, would gain your consideration to waive this late fee.

My explanation is as follows:

During the period from February 1997 to current date, I have undergone left TOTAL KNEE ANTHROPLASTY, along with a protracted convalescence due to medical problems related to this surgery.

During this period of time my absence from my office has unfortunately prevented me from completing my responsibilities to my office. I am now getting back to business and hope you would now, waive the additional late fee, and accept the initial enclosed fee of \$165.00 as payment.

Thank you for your kind consideration to this matter.

Sincerely,

Mr. Lin.