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**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 17 1997 8:00am Secretary of State

ZEE'S F		Mailing Address			
2235 NW 41 S MIAMI FL 3314		2235 NW 41 STREET Miami FL 33142			
		William CD CD 175		DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/25/1992	07/08/1996
_ ·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atr	Suite, Apt. #, etc.		65-0320887	Not Applicable \$8.75 Additional
22	π, ριο.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25		30	Personal Property Tax due June	
LIAI	9. Name and Address of Curre UGHTON, WILLIAM J	int Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	5 NW 41 STREET				
	MI FL 33169		82 Street Add	ress (P.O. Box Number is Not Acceptal	ple)
******	24.		83	······································	
	•				
	<i>y</i> -		84 City		FL 85 Zip Code
SIGNATURE				poration submits this statement for the tion's board of directors. I hereby acce	<u> </u>
12.	Signature, typed or printed name of registered at	gent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	OT IDERIO A	DELETE	1.1 TITLE	34	Change Addition
NAME	HAUGHTON, WILLIAM		1,2 NAME	3%	<u>-</u> • -
STREET ADDRESS	1050 NW 203 STREET		1,3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-ST-ZIP		<u></u>
TITLE	D COMPANY FOR COMPANY (1)	☐ DELETE	2.1 TITLE		Change Addition
NAME	HAUGHTON, ERNEST H		2.2 NAME		
STREET ADDRESS	19153 NW 28TH COURT MIAMI FL		2.3 STREET ADDRESS		•
CITY-ST-ZIP	MINWI FL	DELETE	2.4 CITY-ST-ZIP		T 01 T 44/20
TITLE		רין מנונוג	3.1 TITLE		Change Addition
NAME OXOCET ADDRESS	_		3 2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS 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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L_I DELETE	6.1 THTLE		C change C Addition
NAME OTREET ANDRESS			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-S1-ZIP		
14. I do heret	by certify that the information supplie	ed with this filing does not qualify		d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I am an of appears in	n Indicated on this annual report or fficer or director of the corporation on n Block 12 or Block 13 if changed,	supplemental annual report is tru or the receiver or trustee empower or on an altachment with an addr	ue and accurate and that ired to execute this repo ess.	d in Section 119.07(3)(i), Florida Statute my signature shall have the same lega rt as required by Chapter 607, Flyrida s	al effect as if made under oath; that Statutes; and that my name