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

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61510

MERCHANT'S LEGAL SERVICES, P.A.

(6)

Mailing Address

FILED Jul 28 1997 8:00am Secretary of State



B40 U.S. HIGHWAY ONE SUITE 320 NORTH PALM BEACH FL 33408			SUITE 320	840 U.S. HIGHWAY ONE SUITE 320 NORTH PALM BEACH FL 33408			DO NOT WRITE	
<u> </u> 							 Date Incorporated or Qualified 09/03/1992 	3a. Date of Last Report 03/26/1996
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For
21			26	26			65-0366675	Not Applicable
Suite, Apt. #, etc			} ₁	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e		City & Sta	ile			6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip		Country	Zip	1	Countr	у	8. This corporation owes or has pai	
24		5	29		30		Personal Property Tax due June	
	9. Name a	nd Address of Cu	rrent Registered Age	nt			10. Name and Address of New Reg	gistered Agent
AUF	RILIO, SAMU	EL C.			81	Name		
840			9'	Ctrool A	ddroog /D.O. Boy Niveber is Not Assessable	In)		
SUITE 320 Street Address (P.O. Box Number is Not Acceptable)								ie)
NORTH PALM BEACH FL 33408								
,,,,,			•					
					84	City		FL 85 Zip Code
ornice or ri	egi ste rea age	nt, or both, in the s	state of Florida, Such c	nande was ai	utnorizea E	iv the corbo	corporation submits this statement for the protection's board of directors. I hereby accep	urpose of changing its registered
agent. Lai	m familiar with	i, and accept the c	obligations of, Section 6	07. 0 5 0 5, Floi	rida Statut€	es.	, ,	
SIGNATURE								
12.	Signature, lyped or		od agent and till off apphoable SAND DIRECTORS	(NOTE	Registered Ag	jent signature re	equired when reinstating)	DATE
TITLE I	Б	OFFICENS		DELETE	1,1 10LE		ADDITIONS/CHANGES TO OFFIC	Change Addition
	-	SAMUEL C.	_	DUILIE	1	İ		E Change E Addition
NAME		HWY. ONE S-32	۸		1.2 NAME			
STREET ADDRESS	N. PALM		U			TADDRESS		
CITY-ST-ZIP	IN FALM	DEACH FL		DOLETE	1.4 CITY-	ST-ZIP		
TIFLE			1_	DELETE	2.1 TITLE			Change Addition
NAME					2.2 NAME			
STREET ADDRESS					2.3 STREE	T ADDRESS		
City-St-ZiP					2. 4 City-	ST-ZIP		
TITLE			<u> </u>	DELETE	3 1 701 LE			Change L Addition
NAME					3.2 NAME			
STREET ADDRESS					3.3 STREE	1 ADDRESS		
City-St-Zip				,	34 CHY-	ST - ZIP	****	
THTLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 S1REL	1 ADDRESS		
CITY-ST-ZIP					44 CHY-	ST-ZIP		
TITLE				DELETE	5 1 THILE			☐ Change ☐ Addition
NAME					5.2 NAME			
STREET ADDRESS					5 3 STREE	T ADDRESS		
CITY-ST-ZIP					5.4 CiTY-			
TITLE				DELETE	6 1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS						I ADDRESS		
CITY-ST-ZIP					6.4 C11Y -			
	v certify that 1	he information sun	plied with this filing do	es not qualify			ted 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attractionary with an address.