

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000085294 (3)

1. Corporation Name
BIRTHDAYS WITH A BEAT, INC.



Principal Place of Business: **1741 NW 104TH TERRACE PEMBROKE PINES FL 33026**
 Mailing Address: **1741 NW 104TH TERRACE PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified: **11/06/1995**
 3a. Date of Last Report: **Pending**
 4. FEI Number: **65-0646506**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1741 N.W. 104 Terr.**
 2a. Mailing Address: **1741 N.W. 104 Terr.**
 22. Suite, Apt #, etc.:
 23. City & State: **Pembroke Pines**
 24. Zip: **33026**
 25. Country:
 26. Suite, Apt #, etc.:
 27. City & State:
 28. Zip: **33026**
 29. Country: **Broward**

9. Name and Address of Current Registered Agent
**HART, SHIRLEY K ESQ
 8004 NORTHWEST 41ST COURT
 SUNRISE FL 33351**

10. Name and Address of New Registered Agent
 B1 Name: **Cynthia Teeto**
 B2 Street Address (P.O. Box Number is Not Acceptable): **1741 N.W. 104 Terr.**
 B3 City: **Pembroke Pines**
 B4 State: **FL**
 B5 Zip Code: **33026**

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: **Cynthia Teeto** (Signature typed or printed name of registered agent and fee, if applicable)
 SIGNATURE: **Cynthia Teeto** (NOTE: Registered Agent's signature required when replacing)
 DATE: **7/31/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TEETO, CYNTHIA B | |
| STREET ADDRESS | 1741 N.W. 104TH TERRACE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(k), 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 of justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: **Cynthia Teeto**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **7/31/96**
 CONTACT: **(954) 432-4822**

CR2E034 (3/96)