FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	996 DIVISION OF CORPORATIONS		IONS				
DOCUN 1. Corporation NATIO		· (·)					
Principal Place	of Business	Mailing Address			TOURING HAIN DIVIN SEAR DIVIN ITO		III DIBIN BIBNI IDDI
3900 N 28TH TERRACE HOLLYWOOD FL 33020		3900 N 28TH TERRACE					
HOLLTWOO	J FL 33020	HOLLYWOOD FL 330	20				· •••
					3. Date Incorporated or Qualified 08/06/1969	3a. Date of Last R 01/18/19	•
2. Principal Pla	ce of Business	2a, Mailing Address			4. FET Number	-1	Applied For
1		26			59-1268200		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
3]		28			Trust Fund Contribution		d to Fees
Zip 4	Country 25	Ζ/p 29	Gountn 30	У	This corporation has liability for it Florida Statutes Yes		199.032,
	9. Name and Address of Curre	on the contract of the second			10. Name and Address of New R		
			81	Name			
CONTE, ARTHUR			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	28TH TERRACE VOOD FL 33020		83	3			
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nouti			100				
11. Pursuant to	the provisions of Sections 607 0502	2 and 607.1508. Florida Statut	84	named como	oration submits this statement for the nur	nose of changing its r	o Code
11. Pursuant to or registere familiar with S:GNATURE	d agent, or both, in the State of Flori , and accept the obligations of, Sect	ida. Such change was authoriz- tion 607.0505, Florida Statutes	es, the above ed by the corp	named corpo poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its r pintment as registered	eastered office
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certify that the information inflictated on this admitted report or supplement avirtual report is true and accurate and that my sugnature sharmave the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or true employeed 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.

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK KOWSKI 3-12 St. 365 922 4645

Electric Priore & Director