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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616348

(9)

FILED
May 02 1997 8:00am
Secretary of State

11 P.	incipal Place 41 NORTHE 0. BOX 656	e of Business AST 17 WAY 86 STA. #9 (ZIP 33316) ULE FL 33304	Mailing Address 1141 NORTHEAST 17 WA' P. O. BOX 8566 STA. #9 FT LAUDERDALE FL 3330	(ZIP 33316)			
					3. Date Incorporated or Qualified 04/03/1979	3a. Date of Last Report 04/29/1996	
1	Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21	Suite, Apt.	A. a.l.a.	26		65-0060459	Not Ap	
22	Suite, Apt.	₩, €IC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
	City & State	0	City & State	·	6. Election Campaign Financing	\$5.00 May	
23			28	rur ,	Trust Fund Contribution	Added to Fe	es
-	Zip	Country	Zip	Country	8. This corporation has liability for in		.032,
24		25 9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
	TO	MASELLI, CHRISTINA	in Hogieratos Agent	81 Name	(o) Hamp and Addidwe of How He	istore rigori	
ł		I NE 17 WAY		62 Street Add	ress (P.O. Box Number is Not Acceptabl	۵)	
		LAUDERDALE FL 33304		Street Add	eress (P.O. Box Number is Not Acceptable	6)	
1				83	-		
				84 City		85 Zip Code	
				'		FL	
11	. Prusuant	to the provisions of Sections 607 056	02 and 607 1508. Florida Statuti	es, the above-named corr	'noration submits this statement for the oi		ustered I
	GNATURE				poration submits this statement for the pution's board of directors. I hereby accept		stered
	GNATURE	Signature, typed or printed name of registered ag		es, the above-named corporal uthorized by the corporal uthorized by the corporal uthorized Statutes. Registered Agent agniture required to the corporal uthorized to the corporation of		DATE	
SI	GNATURE	Signature, typed or printed name of registrated as OFFICERS AN	point and title it applicable. (NOTI	Registered Agent argnature requi	rired when reinstating)	DATE ERS AND DIRECTORS IN	
SI 12	GNATURE , LE	Signature, typed or printed name of registered as OFFICERS AN PTS TOMASELLI, ANTHONY J.	pent and title it applicable. (NOTI	Registered Agent argnature requi	rired when reinstating)	DATE ERS AND DIRECTORS IN	12
12 TIT NA	GNATURE , LE	Signature, typed of printed harner of registered as OFFICERS AN PTS TOMASELLI, ANTHONY J. 1141 NE 17 WAY	pent and title it applicable. (NOTI	Registered Agent agnature requirements 13.	rired when reinstating)	DATE ERS AND DIRECTORS IN	12
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4. 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.

SIGNATURE: (15 Th. 17 SEP CANAMED WANTED WAN