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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000074066 (8) **DOCUMENT #**

DANADED ARE ALWAYS INC

PAMILITA	MC ALWATO, IIIO									
Principal Place of Business Mailing Address 10060 NW 11TH COURT 10060 NW 11TH COURT				aT .						
10360 NW 11TH PLANTATION FI			PLANTATION FL 33322							
PLANTAINON TI	. 55522	·					3. Date Incorporated or Qualified 09/26/1995	3a. Date	of Last Re	port
2. Principal Place	e of Business		Mailing Address				4. FEI Number	<u> </u>	↓	pplied For
1937 N	. PINE ISLAND R	D 26	SAME				65-0618713			lot Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		.	Additional Required
2			City & State				6. Election Campaign Financing			May Be
City & State	mrou EI	28	City a chine				Trust Fund Contribution		Added	to Fees
23 PLANTA Zip	TION FL		Ζφ	Cour	itry		8. This corporation has liability for		ax under s	199.032,
33322	25	29		30			Florida Statutes L Yes 10. Name and Address of New F	No No	Agent	
	9. Name and Address of Currer	nt Regis	stered Agent		81	Name	10. Name and Address of New F	10gistered	Agent	
LAGRASTA, CHERI 10360 NW 11TH COURT					82	Street Add	fress (P.O. Box Number is Not Acceptal	ж		
	10N FL 33322			 	83					
PLANIAII	ION LT 20055			ļ					85 Zip	p Code
				1	84	'	oration submits this statement for the pu	FL	_	
SIGNATURE	gladent, or both, in the State of the or and accept the obligations of Sec.	La diste d	aprovatSo (N		A p. 1	it segnature regili	ead when reneal a rige ADDITIONS/CHANGES TO OF	DATE FICERS AN		
TITLE	P D		DELETE	. 1 1 1	II. F	` · · · T			Change	Addition
NAME	CHERI LAGRASTA			125						
STREET ADDRESS	10360 N.W. 11			le le		1 AE ORESS				
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NAME					NAM: STHE	ELLADORESS	2000018 -06/12/960	1023	040	
STREET ADDRESS						- ST - ZIP	***200.00			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.4 CHY+ST-ZIP

SIGNATURE:

Dayto e Charle #