## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

**APT F201** 

HOLLYWOOD FL 33024



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

plicable

es .032,

Zip Code

85

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	IMENT # 3828( on Name of Enterprises, INC.	03 (5)							
Principal Place of Business		Mailing Address				P ISOLOGE KINDI YENIE INDÜK NEULI DOLDO TIHL BJURY BJURK BJURK BYGIR BAGIN 1001			
1215 SO 30TH AVE PO BOX 290295 HOLLYWOOD FL 33020		PO BOX 290295 N/A PO BOX 290295 DAVIE FL 33329-0295							
US		US			3.	Date Incorporated or Qualified 05/25/1971		3a. Date of Last Report 05/01/1996	
Principal Piace of Business     1		2a. Mailing Address 26			4.	FEI Number 59-1351844		Applied For Not Applica	
Suite, Apt #, etc.		Suito, Apt #, etc.	<del> </del>			Certificate of Status Desired	te of Status Desired		
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z <sub>(P)</sub>	30 Co	untry	8.	This corporation has liability for it Florida Statutes	intangible tax Yes		
			10.	Name and Address of New Re	gistered Age	nt			
	MAIO,FREDERICK 10 STIRLING RD.			81 Name	ddrass /5	O Roy Number is Not Accepted	ole)		

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

83 84 City

Street Address (P.O. Box Number is Not Acceptable)

agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature: type-stor pointed name of registered agent and tills if applicable (NOTE Registered Agent signature required when reinstating)  DATE												
12,	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFF										
TITLE	PD	DELETE	1,1 TITLE			Change	Addition					
NAME	DIMAIO,FREDERICK		1.2 NAME									
STREET ADORESS	7610 STIRLING RD.		1.3 STREET ADDRESS									
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CHTY-SY-ZIP									
THE	D	DELETE	2.1 TITLE			Change	Addition					
NAME	DIMAIO, JEANNE		2.2 NAME		1.4							
STREET ADDRESS	7610 STIRLING RD.		2.3 STREET ADDRESS		الأدان							
CITY - S1 - 7/P	HOLLYWOOD FL		2. 4 CITY-ST-ZIP									
TITLE		DELETE	3.1 TITLE			☐ Change	Addition					
NAME	•		3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CHY-ST ZIP			3.4. CITY - ST - ZIP				ĺ					
TOLE		DELETE	4.1 TITLE			☐ Change	Addition					
NAME			4.2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS		(x,y) = (x,y) + (y,y) = (x,y)							
CITY - ST - ZIP			4.4 CITY-ST-ZIP									
THLE		DELETE	5.1 TITLE			☐ Change	Addition					
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS	·								
City-St-ZiP			5.4 CITY - \$1 - ZIP									
TITLE		DELETE	6.1 TITLE			☐ Change	Addition					
NAME			6.2 NAME		•							
STREET ADDRESS			63 STREET ADDRESS									
CITY-ST-76P		10,	6.4 CITY-ST-ZIP	440 07/0								

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 are 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.