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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

399724

(4)

RAMBOO	ARROTT	FI ORIDA	

BAME	BOO ARROLL FLORIDA	CORP.					
Principal Place	of Business	Mailing Address				914 6481 61611 81941 8184	
2990 SIMM HOLLYWOO	\$ ST DD FL 33020	2990 SIMMS ST HOLLYWOOD FL 33	020				
					3. Date Incorporated or Qualified 04/21/1972	3a. Date of Las 06/09	st Report)/1995
 1	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. :	# etc	26 Suite, Apt. #, etc.			59-1547389		Not Applicable
22 City & State	WALLES WALLES	27		·····	5. Certificate of Status Desired		.75 Additional ee Required
23	;	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Coun	trv	8. This corporation has liability for	AI	ided to Fees
24	25	29	30	,		Interngrisie tax unde ☐ No	# 5 199.032,
	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	legistered Agent	
			8	Name			
	N, MARTIN SIMMS ST		ε	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	WOOD FL 33020		8	3			
			6	4 City		FL 85	Zıp Code
familiar wit	th, and accept the obligations of, s Signature, typed or printed name of registered.	Section 607.0505, Florida Statutes	zed by the co s.	e-named corpor rporation's boa		Ointment as registe	ered agent. I anı
TIFLE	PD	DELFTE	1. 1 Till	F T	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME	RAKITIN, G.		1.2 NAM			Chan	ge Addition
STREET ADDRESS	2990 SIMMS ST			ET ADDRESS			
CHTY-ST-ZIP	HOLLYWOOD FL		14 CHTY				
TiTLE	VD	☐ DELETE	2 1 TITL	F		☐ Chan	ge Addition
NAME	rakitin, M.		2 2 NAM	f			
STREET ADDRESS	2990 SIMMS ST		2 3 S1RE	ET ADDRESS			
CITY-S'-7IP	HOLLYWOOD FL	Francis	2 4 Cri Y				
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NAME STREET ADDRESS			3 2 NAM	+			
CHY-SI-ZIF			1	ET ADDRESS			
TALE		[] DELETE	3.4 CITY 4. 1 TITU			☐ Chang	ge 🗍 Addition
NAME		<u></u>	4 2 NAM				20 El Modition
STREET ADDRESS				FT ADDRESS			İ
CHTY-ST-ZIP			4.4 CITY				
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NAME			5 2 NAM	:			_
STREET ADDRESS			5 3 STRE	ET ADDRESS			Ì
CITY-ST-7IP			5.4 CITY	ST-ZIP			
TITLE		□ DELETE	6 1 TIFLE			☐ Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY - ST - ZIP 14. Ldo hereby	certify that the information suppl-	ad with this filing is voluntarily five	64 CHY-		or the exemption stated in Section 119.0	27(2)(1)	
oath; that I	ine information logicated on this a	nnual report or supplemental anni rooration or the receiver or trustel	uai report is t a empowered	allo and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	aanaa laaal affaat a	and the comment of th

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

954-921-4471 Daytine Prione # CR2E034 (1