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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

408837 **DOCUMENT #**

(3)

INSOUT	H FN	TERP	RISES.	INC.
IN SURIE		31_111		1110

INSOUTH ENTERPRISES, INC.									
Principal Place of Bu	usiness	Mailing Address				1 talitt Bibli maidt seidt (eine jer.			
20161 NE 16TH PLACE N. MIAMI BEACH FL 33179 20161 NE 16TH PLACE N. MIAMI BEACH FL 33179			H79				+		
N. MIAMI DENOIT	112 55115					3. Date incorporated or Qualified	1	e of Last Repo	
						09/15/1972	(04/28/1995	
	/ D. singer	2a. Mailing Address				4. FFI Number		L-+-	plied For
2. Principal Place of Business		26			395 14 13743			t Applicab	
Delta Apt # of		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, etc	u	27							`
City & State		City & State				6. Election Campaign Financing		\$5.00 Added 1	
Ony & State		28				Trust Fund Contribution	-		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible i No	tax under s 1	00.00Z ₁
ו `	25	29	30			florida Statutes (Mary Yes) 10. Name and Address of New I	Registered	1 Agent	
9	Name and Address of Curren	t Registered Agent		- T		10. Name and Address of New 1			
			1	B1	Name				
DENI MITIO	ARTHUR G. JR		İ	82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
DENUNZIO, ARTHUR G. JR. 20161 NE 16TH PLACE NORTH MIAMI BCH. FL 33179		83							
			84 City		City	FL 85 Zip Code			
or registered a familiar with, a	and accept the obligations of Sect	ion 607.0505, Florida Statutes				oration submits this statement for the peard of directors. Thereby accept the ap	ÖÄTE		
Sign	salute, typical or penting menic of registers blacks		13.	l orle.	.: 2 dit mentes negari	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	3S IN 12
12.	OFFICERS AN	D DIRECTORS		 III e F				☐ Change	☐ Addit
TITLE	PD	[] better	12 N						
NAME	HASTINGS, JOHN				T ADDRESS				
STREET ADDRESS	20161 NE 16 PL		B						
CITY - ST - ZIP	NORTH MIAMI BCH. FL	DELETE	2 1		ST - ZIP			☐ Change	Additi
TITLE	VPT			MAME					
NAME	DENUNZIO, JR.,ARTHUR G	i.	1		LADORESS .				
STREET ADDRESS	20161 NE 16 PL		1		SI-7:P				
CITY-ST-ZIP	NORTH MIAMI BCH. FL.	DELETE		nile Tille	t			☐ Change	Addit
TITLE	D		1	HITTE NAME					
NAME	DENUNZIO, ARTHUR G., J	R.			ET ADDRESS				
STREET ADDRESS	20161 NE 16 PL				SI-ZIP				<u></u>
CITY-ST-ZIP	N MIAMI BCH FL	☐ DELFTE		TITLE				Change	☐ Addi
TITLE		[] bett it		NAME	1				
NAME					ET ADDRESS				
STREET ADDRESS			1		-\$1 - ZiP				
CITY-ST-ZIP			44	CHY	- 51 - 20"			Change	Addi

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 early 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 chayged, or on an attachment with an address. 64 CiTY - S1 - 7-F CITY - ST - ZIP

5 1 Tifut

5.2 NAME 5.3 STREET ADDRESS

6.11111

6.2 NAME

54 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELE IE

4/26/96 305-653-3889

CoitibbA 🔲

☐ Change