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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 514568

(5)

FRANK C. SCADUTO & ASSOCIATES, INC.

FILED May 02 1997 8:00am Secretary of State



| Princ | ipal Place of Busines | ailing Address | | | | | T NEBIDI DITAL KIDIL ENDI ERIND DITAL IDIK DIDIL ENDI BIDIL BIDIL BIDIL BRAIL DIDI | | | | | |
|--|--------------------------------|--------------------------------------|--|--------------------------|---------------|-----------|--|-----------------------|--|-------------------------|---------------------------|---------------------------------|
| 8000 SW 64 ST P.O. BOX 557926 MIAMI FL 33143 | | MV | PO BOX 557928 MIAMI FL 33255-7928 US | | | | | | | | | |
| US | 1 1 2 307 10 | | ••• | | | | | | 3. Date incorporated or Qualified 11/04/1976 | | ate of Last | |
| 2. Pr | incipal Place of Busi | ness | 2a. | Mailing Address | | | | | 4. FEI Number | | | Applied For |
| 21 | | | 26 | | | | | | | Not Applicable | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required | | |
| City & State | | | City & State | | | | 6. Election Campaign Financing | _ | \$5.0 | O May Be | | |
| 23 | | | 28 | | , | | | | Trust Fund Contribution | | Adde | d to Fees |
| Zi | p | Country | h | Zφ | | untry | , | | 8. This corporation has liability for | | | s. 199.032, |
| 24 | A Na | 25 | 29 | | 30 | , | | | <u> </u> |] Yes [| | |
| | | and Address of Current | Hegist | ered Agent | | 81 | Nan | | 10. Name and Address of New Re | gisterea | Agent | |
| | SCADUTO, FR | | | | | 0 | Ivan | ie. | | | | |
| 8000 SW 64 ST | | | | | | | Stre | et Addre | ss (P.O. Box Number is Not Acceptal | ole) | | |
| | MIAMI FL 3314 | 13 | | | | B3 | | | | | | |
| | | | | | | 63 | | | | | | |
| | | | | | | 84 | City | | | F 1 | 85 Zip | o Code |
| | | 007.0500 | | 77.75.00 67 11 87.7 | | | L | | | FL | • | |
| | office or registered as | gent, or both, in the State o | f Florid | la. Such change was a | authorizo | ed by | the c | ed corpo orporatio | pration submits this statement for the pon's board of directors. I hereby acce | ourpose o pt the app | r cnanging pointment a | its registered as registered |
| ε | agent. I am familiar w | ith, and accept the obligat | ions of, | , Section 607.0505, Fit | orida Sta | lutes | S. | | · | | | |
| SIGN | IATURE | dor printed name of registered agent | | | | | | | d when reinstating) | DATE | | |
| 12. | Signature, types | OFFICERS AND | | | 13. | eo Age | Jili signa | reduired | ADDITIONS/CHANGES TO OFFIC | DATE CERS AND | DIRECTO | DBS IN 12 |
| TITLE | 8 | Officerio | | DELETE | 1.11 | ITLE | | 1 | 7,551,1010,017,11020,10 0111 | 22.10 7.11 | Change | |
| NAME | • | O, MARGARET L | | _ | 1.2 N | | | | | | _ * | |
| | | V 64TH ST | | | | | ADDRES | 25 | | | | |
| CITY-S | A HAAA HI PA | | | | | | T-ZIP | ~ | | | | |
| TITLE | PDT | | | ☐ DELETE | 2.1 T | | , | | | | Change | Addition |
| NAME | | O, FRANK C | | | 221 | IAME | | - 1 | | | | |
| | STREET ADDRESS 8000 SW 64TH ST | | | 1 | | | 2.9 STREET ADDRESS | | | | | |
| CITY-S | A ALA CALL | | | | | | ST - ZIP | | | | | |
| TITLE | 1 | | | DELETE | 311 | | | | | | ☐ Change | Addition |
| NAME | | O, FRANK C. | | | 321 | IAME | | | | | | |
| STREET | ADDRESS 8000 S.1 | N. 64TH ST. | | | 333 | TREET | ADDRES | SS S | | | | |
| CITY-S | ST-ZIP MIAMIF | L | | | 34. | CITY-S | S1-ZIP | | | | | |
| TITLE | | | | DELETE | 411 | ITLE | | | | · · · · · | ☐ Change | Addition |
| NAME | | | | | 4 2 | NAME | | | | | | |
| STREET | ADDRESS | | | | 438 | TREET | ADDRES | SS | | | | |
| CITY-S | ST-ZIP | | | | 440 | ITY-S | ST - 7/P | | | | | .] |
| TITLE | | | | DELETE | 511 | ITLE | | | | | Change | Addition |
| NAME | , | | | | 52 N | IAME | | | | | | |
| STREET | T ADDRESS | | | | 535 | TREET | ADDRES | SS | | | | |
| CITY-S | ST-ZIP | | | | 540 | IIY-S | ST-ZIP | | | | | J |
| TITLE | | | | DELETE | 611 | MLE | | | | | Change | Addition |
| NAME | | | | | 621 | IAME | | | | | | |
| STREET | T ADDRESS | | | | 6.3 5 | TREET | ADDRES | is l | | | | |
| CITY-S | ST-ZIP | | | | 640 | ITY-S | ST - 7IP | | | | | |
| 34 | do hereby certify the | at the information supplied | with thi | is filing does not quali | fy for the | evo | motio | n stated | in Section 119 07/3)(i) Florida Statute | e I furthe | r certify the | at the |

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 open 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 3 if changed, or on an attachment without advises.