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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 10 1998 8:00am Secretary of State

l ot portine	MENT # 53443 INCORPORATED	38 (7)			2.711. 21211 21221 2121 2121 2 <b>1</b> 21
Principal Plac	e of Business	Mailing Address		T 1001EL BILOR TISH DIDIN BIDDE AND 1841 DIDIN DI	HIDI OLOH DIGH BIDI DIBH KEDI
		500 N ANSIN BLVD.			
HALLANDALE FL 33009-2117		HALLANDALE FL 33009-2117		DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	O ST NOL
				05/20/1977	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1776775	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Cily & State			Fee Required
23	•	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	<del></del>
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curri	ent Registered Agent		10. Name and Address of New Registere	d Agent
	NLLO,ENZO		81 Name		
500 N ANSIN BLVD.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
H/	ALLANDALE FL		63		
			B4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statu	tes, the above-named corr	poration submits this statement for the purpose	of changing its registered
office or r agent. La	registered agent, or both, in the Statem familiar with, and accept the obli-	te of Florida. Such change was gations of, Section 607 0505, FI	authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
46	Signature typed or protect came of registered a		If Registered Agent signature requ		
<b>12.</b> TITLE	PD OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	GALLO,ENZO		1.2 NAME		
STREET ADDRESS	325 HOLIDAY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	GALLO, CARMEN		2.2 NAME		• •
STREET ADDRESS	325 HOLIDAY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		i
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZiP		Change Addition
NAME		ר אנינונ	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - Zip		1
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY-ST-ZIP		1

14. Thereby 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 suppliemental 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 conference or the receiver or trustee emplowered 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

02-02-98