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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 564706** 

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FILED
Apr 11 1997 8:00am
Secretary of State

Principal Flac 500 E. HALL UITE 803 ALLANDALE	O INTERNATIONAL, INC.  Ice of Business ANDALE BCH BLVD FL 33009	s Dale Beach Blvd. Suite #803 K 330094841			3. Date Incorporated or Qualified 3a. Date of Ust Report					
U\$		US			j_	Date Incorporated or Qualified 12/22/1977		/24/1996		
. Principal .	Place of Business	2a. Mailing Add	iress			4.	FEI Number 59-1870538		h	Applied For Not Applicable
Suite, Apt	t #, elc	Sulte, Apt. #	#. etc.			5.	Certificate of Status Desired	6	\$8.75	Additional Required
City & Sta	ale	City & State	)	-1		6.	Election Campaign Financing			0 May Be
Zip	Country	<b>28</b> Zip		Coun	irv		Trust Fund Contribution  This corporation has liability for	intendible	Adde	d to Fees
	25	29	·	30			Florida Statutes	Yes [	] No	5. 155.052,
<b>DO</b>	<ol><li>Name and Address of Curr LLACK, CHARLES</li></ol>	rent Registered Agent			1 Name	10.	Name and Address of New Re	gisterød	Agent	
198	BO S. OCEAN DR12-0 LLANDALE FL 33009						ress (P.O. Box Number is Not Acceptable)			
				Ē	4 City			FL	85 Zi	p Code
D. Fursuan	r to the broyisions of sections but u	1502 and 607, 1508, Flor	rida Statul	tes, the abo	ve-named con	poratio	n submits this statement for the t	ourbose of	chanoind	
SIGNATURI	Signar inc. typical or printed name of registerest	agent und tite it applicable		TE Registered /	by the corporates.	ired when		DATE		
	Signer the system of resident forms of registered OFF ICE RS A	agent and title if applicable			Agent signalure requ	ired when		DATE		ORS IN 12
SIGNATURE 12. 1114 PREEL ADDRESS	Signar no syceol or printed receive of registered OFFICERS A PD POLLACK, CHARLES 2500 E. HALLANDALE BCH.	agent and title if applicable AND DIRECTORS	(NO)	TE Rogistered / 13. 1.1 TITL 1.2 NAW 1.3 STR	Agent signalure requ E IE EE1, ADDRESS	ired when	reinstating)	DATE	DIRECTO	ORS IN 12
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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 urlam an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if chapter 6 or organ attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0113536