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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 623482

SIGNATURE:

(7)

4126 INC.									
Principal Place of Business Mailing Address 4126 SW 47 AVENUE FT. LAUDERDALE FL 33314  Mailing Address 4126 SW 47 AVENUE FT. LAUDERDALE FL 33314-						-	<b>0:5</b> 0: <b>6:5</b> 11 (	( <b>                                    </b>	. 618)4 1831
						3. Date Incorporated or Qualified 05/31/1979		te of Last Ro 12/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address			****	4. FEI Number	-t	Ap	oplied For
21 Cours And	#	26		····	• 11	59-1924319			ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State	3	City & State				6. Election Campaign Financing			· <u>·</u>
23		28				Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cou	intry	****	8. This corporation has liability for i	ntanoible		
24	25	29]	30					] No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	lstered /	lgent	
	NELLE, JOSEPH			81	Name				
4126 SW 47 AVE.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
DAV	1E FL 33314			83				<del></del>	
				63					
				84	City		FL	<b>85</b> Zip (	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.0502 egistered agent or both, in the Stale c m familiar with, and accept the obligat	and 607.1508, Florida Statut f Florida. Such change was a ions of, Section 607.0505, Flo	es, the al authorize orida Stat	bove- d by t tutes.	named corpo the corporatio	pration submits this statement for the poor's board of directors. I hereby accept		changing its ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agent	NAT.	<del>-</del>						***************************************
12.	OFFICERS AND		13.	d Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	1,1 1	TLE		ADDITIONATION TO CITYO	LI IO AIID	Change	Addition
NAME	DANIELLE, JOSEPH		1.2 N	-					
STREET ADDRESS	10310 NW 48TH COURT		1.3 \$1	TREET A	DDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	<b>5</b> .	1.4 CI	ITY - ST-	- ZIP				
TITLE	VO	DELETE	2.1 1	TLE				☐ Change	Addition
NAME	DANIELLE, MARIA		2.2 N	AME	1				
STREET ADDRESS	9292 CHELSEA DR SOUTH	*	2.3 S	TREET A	DDRESS				
CITY-ST-ZIP	PLANTATION FL		2.4 C	2. 4 CITY+ST-ZIP					
TITLE	STD	DELETE	3.1 TI	TLE				Change	Addition
NAME	DANIELLE, LINDA		3.2 N	AME			2- 5		
STHEET ADDRESS	10310 NW 48TH COURT				DDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	- Notitie		ITY-ST	- ZIP			T 01	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	4.1 TI					Change	Addition
NAME STREET ADDRESS			4.2 N		DDBECC				
CITY-ST-ZIP					DDRESS				
TITLE		DELETE	5.1 TI	TY-ST-	· zir			Change	Addition
NAME			5.2 N/						tent i southoit
STREET ADDRESS	<b>A</b>	٨			DDRESS				
CITY-ST-ZIP	~ ~ \	<i>[]</i>		ITY • ST •					
TITLE	// //	DELETE	6.1 Ti					Change	Addition
NAME	[	///	6.2 N	AME					
STREET ADDRESS		<i>\\\\</i> .	6.3 S	TREET A	DDRESS				
CITY-ST-ZIP	<i>   ,    </i>		6.4 CI	11Y-ST-	- ZIP				
<ol> <li>I do hereb information</li> </ol>	by certify that the information supplied in indicated on this abnual report	will his hing does not quali	fy for the	exem	ate and that r	in Section 119 07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida S	. I further	certify that	the
Lani an of appears in	fficer or director of the corporation or in Block 12 or Block 13 or chargest or	ne receiver or trustee empow on unanticevinent with an add	rered to e dress.	execu	te this report	as required by Chapter 607, Florida S	tatutes; er	nd that my n	name

954- 792-3880