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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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**DOCUMENT #** 

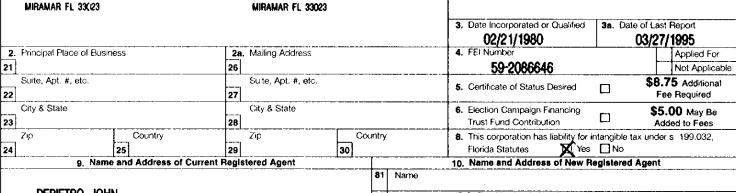
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Principal Place of Business 1701 S.W. 62 AVENUE

Mailing Address

1701 S.W. 62 AVENUE MIRAMAR FL 33023



DEPIETRO, JOHN 1701 S.W. 62 AVENUE MIRAMAR FL 33823

10. Name and Address of New Registered Agent						
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City 85 Zip Code					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

familiar with	n, and accept the obligations of, Section 607.0505, Florida S	statutes.		•	·	
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	ouvired when reinstating	DATE		_
12.				NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELE	13. TE 1.1 TITLE		☐ Change	☐ Addition	(12/95)
NAME	DEPIETRO, JOHN	1.2 NAME				¥
STREET ADDRESS	1701 SW 62 AVE.	1.3 STREET ADDRESS				Ö
CiTY-ST-ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP				CR2E034
THE	\$ DELE	TË 2.1 THTLE		☐ Change	Addition	ច
NAME	DEPIETRO, DORLEA	2 2 NAME				i
STREET ADDRESS	1701 SW 62 AVE.	2.3 STREET ADDRESS				i
CiTY-ST-ZIP	MIRAMAR FL	2 4 CITY - ST - ZIF			ļ	i
TITLE	DELE	TE 3. 1 TITLE		Change	Addition	i
NAME		3.2 NAME				i
STREET ADDRESS		3.3 STREET ADDRESS				i
CITY-ST-ZIP		3 4 City - St - Zip				
TITLE	DELF	TE 4. 1 TITLE		☐ Change	Addition	
NAMÉ		4.2 NAME				i
STREET ADDRESS		4.3 STREET ADDRESS				i
CITY-ST-ZIP		4.4 CITY - ST - ZIF				i
TITLE	☐ DELE	TE 5. 1 TITLE		☐ Change	☐ Addition	i
NAME		5.2 NAME				i
STREET ADDRESS		5.3 STREET ADDRESS				i
CITY-ST-ZIP		5.4 CITY - ST - ZIP				,
TITLE	DELE	TE E. 1 TITLE		☐ Change	☐ Addition	i
NAME		6.2 NAME				i
STREET ADDRESS		6.3 STREFT ADDRESS				i
CITY-ST-ZIP		€.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing is volunterly turnished 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 assurate eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or this receiver or trusteed in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF OR DIRECTOR 11-22-96

954-962-6997