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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 03 1997 8:00am Secretary of State

|   | 1997   | DIVISION OF           | CORPORA             | TIONS                     |  |                     |                   |   |
|---|--|-----------------------|---------------------|---------------------------|--|---------------------|-------------------|---|
| DOCU<br>1. Corporatio<br>SISCO,   |  | 4 (1)                 |                     |                           | È MERGIA ONIAN IANDAN ANNA ANNA BANKAN   | II ŠIDNI BLŪLI BISK | ELEK ETÊN         | <b>9</b> (8)( )89(                      |
| Principal Place of Business Mailing Address 5130 N.FEDERAL HWYSTE.3 5130 N.FEDERAL HWYSTE.3 |  |                       |                     |                           |  |                     |                   |   |
| C/O DAVID L.  | GRABOWSKI  | C/O DAVID L. GRABOWS  | ski –               |                           |  |                     |                   |   |
| FT. LAUDERD   | ALE FL 33308   | FT. LAUDERDALE FL 333 | 08-3890             |                           | 3. Date Incorporated or Qualified  | 3a. Date o          |                   | aport                                   |
| 9 Principal D   | Place of Business  | 2a. Mailing Address   |                     |                           | 09/23/1980<br>4. FEI Number  | 04/09/              |                   | -Unal Fac                               |
| 21 milespare  | ided of publicas   | 26                    |                     |                           | 59-2026629   |                     | <del></del>       | plied For<br>Applicable                 |
| Suite, Apt  | #, etc   | Suite, Apt. #, etc.   |                     |                           | 5. Certificate of Status Desired   | □ \$                | 8.75 A            | Additional                              |
| 22  |  | 27                    |                     |                           |  |                     | Fee Re            | <del></del>                             |
| City & Stat   | е  | City & State          |                     |                           | 6. Election Campaign Financing Trust Fund Contribution   |                     | \$5.00<br>Added t |   |
| <b>23</b> Zip   | Country  | Zir)                  | Coun                | try                       | 8. This corporation has liability for  |                     |                   |   |
| 24  | 25   | 29                    | 30                  |                           | Florida Statutes   | Yes N               | No                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|   | 9. Name and Address of Curi  | rent Registered Agent |                     |                           | 10. Name and Address of New Re   | gistered Age        | nt                |   |
|   | ABOWSKI, DAVID L.  | 4                     | 18                  | Name                      |  |                     |                   |   |
| 5130 NORTH FEDERAL HIGHWAY<br>FT. LAUDERDALE FL 33308                                       |  |                       |                     | Street Add                | dress (P.O. Box Number is Not Acceptable)  |                     |                   |   |
| rı.   | DAUDENDALE LE 33300  |                       | 1                   | 33                        |  |                     |                   |   |
|   |  |                       |                     |                           |  |                     |                   |   |
|   |  |                       | 1                   | City                      |  | FLI                 | 15 Zip (          |   |
| office or a<br>agent I a<br>SIGNATURE   | registored agont, or troth, in the Sta<br>im familiar with, and accept the ob-<br>Stgrature, typed or ported name of registered  |                       |                     |                           | rporation submits this statement for the<br>ation's board of directors. I hereby acce<br>ulred when reinstating) | pt the appoint      | ment as           | registered                              |
| 12.   |  | AND DIRECTORS         | 13.                 | Agent agrature req        | ADDITIONS/CHANGES TO OFFIC   |                     | RECTOR            | S IN 12                                 |
| TILLE   | STD  | DELETE                | 1.1 TITE            | E                         |  |                     | Change            | Addition                                |
| NAME  | GRABOWSKI, DAVID L.  |                       | 1.2 NAN             | AE [                      |  |                     |                   |   |
| STREET ADDRESS  | 5130 N. FEDERAL HWY  |                       | 1.3 STR             | EET ADDRESS               |  |                     |                   |   |
| CITY-ST-ZIP   | FT. LAUDERDALE FL<br>PD  | □ DELETE              |                     | r-ST-ZIP                  |  |                     | Channa            | Addition                                |
| NAME  | GRABOWSKI, LINDA E.  | L') DETEIR            | 2.1 TiTL<br>2.2 NAM | ·                         |  |                     | Change            | Addition                                |
| STREET ADDRESS  | 5130 N. FEDERAL HWY  |                       | ſ                   | EET ADDRESS               |  |                     |                   |   |
| CITY-S1-7IP   | FT. LAUDERDALE FL  |                       |                     | Y-ST-ZIP                  | , etc.   |                     |                   |   |
| 11516   |  | DELETE                | 31 TITL             |                           |  |                     | Change            | Addition                                |
| NAME  |  |                       | 3.2 NAN             | AE ·                      |  |                     |                   |   |
| STREET ADDRESS  |  |                       | 3.3 STR             | eet address               |  |                     |                   |   |
| CITY - ST - 712   |  |                       |                     | Y-ST-ZIP                  |  |                     |                   | <del></del>                             |
| TILLE   |  | [] DELETE             | 4.3 TITL            |                           |  | ليا                 | Change            | Addition                                |
| NAME<br>FIRES ANOUGO  |  |                       | 4. 2 NAI            | - (                       |  |                     |                   |   |
| STREET ADDRESS  |  |                       | 4                   | EET ADDRESS  <br>(+ST-ZIP |  |                     |                   |   |
| TIFLE   |  | DELETE                | 5.1 TITL            | ***                       | الله المراجعين المراجع   |                     | Change            | Addition                                |
| NAME  | }  | _                     | 5 2 NAN             | J                         |  |                     | -                 |   |
| STREET ADDRESS  |  |                       | 5.3 STR             | EET ADDRESS               |  |                     |                   |   |
| CrTY-ST-ZIP   | The state of the s |                       | 5.4 CITY            | 1-S1-ZIP                  |  | ·                   |                   |   |
| TITLE   |  | ☐ DEFELE              | 6.1 TITL            | [                         |  |                     | Change            | ☐ Addition                              |
| NAME  |  |                       | 6.2 NAN             | 1                         |  |                     |                   |   |
| STREET ADORESS  |  |                       |                     | EET ADDRESS               |  |                     |                   |   |
| CHTY-ST-ZIP   | I  |                       | 6.4 CiT             | Y-ST-ZIP                  |  |                     |                   |   |

14. I do hereby certily 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTO

LINDA GRABOWSKI

5/26/97 Plytime Phone #