## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 17 1997 8:00am Secretary of State

Principal Place of Business  SIGMOND A. LUCCI 4363 N ANDREWS AVE OAKLAND PARK FL 33309  (1)  Mailing Address  * SIGMOND A. LUCCI 4363 N ANDREWS AVE OAKLAND PARK FL 33309									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 01/21/1982 06/19/1996			
2. Principal P	lace of Busin	ness	2a.	2a, Mailing Address					4. FEI Number	1 00/10/10	Applied For	
21	# -1-		26	Suite, Apt. #, etc.					59-2164840		Not Applicable	
Suite, Apt.	#, etc.		27	27					5. Certificate of Status Desired		<b>75</b> Additional e Required	
City & Stat	е			City & State				6. Election Campaign Financing \$5.00 May Be				
<b>23</b> Zip	<u> </u>	Country	28	Zip Country				Trust Fund Contribution Added to Fees				
24]	25			30				8. This corporation owes or has paid the current year Intangible Personal Proporty Tax due June 30.				
	<del></del>	and Address of Curre		tered Agent					10. Name and Address of New Re			
	CCI, SIGMO					81	Name					
	IS N ANDR						Street	Addre	ddress (P.O. Box Number is Not Acceptable)			
OAKLAND PARK FL 33309												
						84	City			log I	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules										FL_		
agent. I a SIGNATURE 12,	m familiar w	ith, and accept the oblig or printed have of registered ap OFFICERS At	gations o	f, Section 607.0505, F if applicable (NC 2TORS	lorida at Regis	Statule stored Apr 13.	\$. 	_	on's board of directors. I hereby accel d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	TORS IN 12	
TITLE NAME	HICCL	SIGMOND A				1.1 TITLE 1.2 NAME				L. Chan	nge L Addition	
STREET ADDRESS		ANDREWS AVE					ADDRESS					
CITY-ST-ZIP		ID PARK, FL 00000				1.4 CITY-5						
TITLE	VST			☐ DELETE		1 HILE				Chan	nge 🔲 Addition	
NAME		shirley s Andrews ave			_ I ^	2 NAME						
STREET ADDRESS		ID PARK, FL 00000					ADDRESS					
CITY-ST-ZIP TITLE				☐ DELETE		2. 4 CHY 1.1 THLE	\$1-ZIP	<del> </del>		☐ Chan	nge Addition	
NAME						B.2 NAME						
STREET ADDRESS					3	3.3 STREFT	ADDRESS				i	
CITY-ST-ZIP				☐ DELETE		3.4. CITY-	ST-ZIP	ļ		Chan	no Addition	
TITLE Name				∟ vttt+t		I 1 TITLE I 2 Name				Chan	nge [] Addition	
STREET ADDRESS							ADDRESS	1				
CITY-ST-ZIP					4	I.4 CITY - S	31 - ZIP	l				
TITLE	-			☐ DELE1E		i.1 TITLE			•	☐ Chan	noifit bA 🔲 egr	
NAME STOCET ADDRESS	l					i.2 NAME	ADDRESS				,	
STREET ADDRESS CITY-ST-ZIP						5.3 STRELI 5.4 CITY - S	ADDRESS					
TITLE		·		DELETE		0.4 CH3+3 0.4 TI7L€	21.7.4.91			Chan	nge Addition	
NAME					6	3.2 NAME						
STREET ADDRESS					6	3.3 STREET	ADDRESS					
CITY-ST-ZIP		t the fact of the	od with it	is tiling does not gue		4 CITY - 5		lalod.	in Section 119.07(3)(i). Florida Statuto	a I further portifica	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.