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FILED May 13 1997 8:00am Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARIMENT OF STA Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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	D. DENUZZIO & ASSOCIATI e of Business RD OF CHAMPIONS RDALE FL 33069	Mailing Address 6100 BOULEVARD OF CHOORTH LAUDERDALE FL						
				3. Date Incorporated or Qua 03/24/1982	3a, Date of Last Report 05/01/1996			
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For			
Suite, Apt.	# eic	Suite, Apt #, etc.		59-2195548	Not Applicable			
	n, 010.	27		5. Certificate of Status Desire	ed S8.75 Additional Fee Required			
City & State	e	City & State		6. Election Campaign Finance				
Zip Zip	Country	28	Country	Trust Fund Contribution	Added to Fees			
7	25	29	30	Florida Statutes	lity for intangible tax under s. 199.032, XX Yes \(\square\) No			
 _	9. Name and Address of Curren			10. Name and Address of N	lew Registered Agent			
DEN	UZZIO, RALPH D		81 Name					
	BOULEVARD OF CHAMPIONS		82 Street Add	ress (P.O. Box Number is Not Ac	ceptable)			
NOR	ITH LAUDERDALE FL 33068		83					
			84 City		FL 85 Zip Code			
anent) a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	ations of Section 607.0505, F	forida Statutes	•				
SIGNATURE	Signature typed or printed name of inguitarist ap-	ot and lide it applicable (NC	H. Registureo Ago disignature requ	irea when reinstating)	DATE			
BIGNATURE	Signature typed or printed name of registered accident	ot and litter' applicable (NC DIDIRECTORS	DIE Registareo Agost signature requ	irea when reinstating)	DATE OFFICERS AND DIRECTORS IN 12			
SIGNATURE 12.	Signature typed or printed name at registrent and OFFICERS AND	ot and lide it applicable (NC	H. Registureo Ago disignature requ	irea when reinstating)	DATE OFFICERS AND DIRECTORS IN 12			
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Information tridicated on this annual report or supplicinental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the correptation 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

LINE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4/29/97

954-967.5/00