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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F90530

(9)

10TH AVENUE CORPORATION

Paris I Division	-10	Maillin, Ankana			
Principal Place of Business 406 XANADU PLACE		Mailing Address  406 XANADU PLACE	Mailing Address 406 XANADU PLACE		
JUPITER FL 33477		JUPITER FL 33477-6440	JUPITER FL 33477-6440		
				3. Date Incorporated or Qualifie 07/13/1982	d 3a. Date of Last Report 04/29/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	II	26		59-2264374	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,
24	25 S Name and Address of	29 Current Registered Agent	30	Florida Statutes  10. Name and Address of New	Yes No
nnt		Culture registered Agent	B1 Name	IV. Italia alla Paulogo di Itali	Hogistel en Manu
Prezant, Herbert 408 Xanadu Pl			82 Street Add	Const. (D.O. Class Manufaction Manufacture)	doble)
JUPITER FL 33477			51/eet Add	dress (P.O. Box Number is Not Accep	orabie)
			83		
			84 City		FL 85 Zip Code
office or n	agistered agent, or both, in th	507.0502 and 607.1508. Florida State e State of Florida. Such change was e obligations of, Section 607.0505, F	authorized by the corpora	poration submits this statement for thation's board of directors. I hereby ac	ne purpose of changing its registered
SIGNATURE.		19 4A			
12.	Stop atom. Typical or printed rish is objected.	rend agent and title if applicable (NC RS AND DIRECTORS	TE: Registered Agent signature requ		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7.001110.1070117410100 10 01	☐ Change ☐ Addition
NAME	PREZANT, HERBERT		1.2 NAME		-
STREET ACIDRESS	406 XANADU PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	Jupiter FL		1.4 CITY-ST-ZIP		
TiTLE		☐ DELET€	21 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST ZIP		DELETE	2 4 City - ST - ZIP 3.1 Tifle		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS	TI.		4.3 STREET ADDRESS		
CITY-ST-2IP			4.4 CITY - ST - ZIP		
Trill		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CTY-SI-ZIP L		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		hered v v · · · · h	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ĭ
,					

14. I do hereby certify 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 eath; 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.

**FILED** 

Apr 10 1997 8:00am

Secretary of State