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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FOSSA	MENT # G643 IN NAME IN S CARBURETOR, INC.								
rincipal Place of Business Mailing Address C/O SILVIO FOSSAS 2546 S.W. 15 AVE. FT LAUDERDALE FL 33315 Mailing Address C/O SILVIO FOSSAS 2546 S.W. 15 AVE. FT LAUDERDALE FL 33315					·-·	- I INCIDIA NOIN DIVIN DINCEN HAIR NONT		[
ri LAUDENDI	ALE FE 33315	FT LAUDERDALE FL 33	\$315			3. Date Incorporated or Qualified 10/11/1983		of Last Re	
Principal Place of Business		2a. Mailing Address	erg - T			4. FEI Number			opplied For
Suite, Apt. #	# etc	26				59-2337474			lot Applicab
Como, r q ri	, 0.0.	27				5. Certificate of Status Desired		, · · -	Additional Required
City & State)	City & State				6. Election Campaign Financing	f -3		May Be
		28				Trust Fund Contribution			to Fees
Zip	Country 25	Zip	Cou	intry		8. This corporation has liability for Florida Statutes XXYes	intangibie tau : [ˈ]No	x under s	199.032,
	9. Name and Address of Curre	29 29 Agent Registered Agent	30	Γ		10. Name and Address of New F			
				81	Name	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
FOSSAS, SILVIO 1399 STATE RD 84				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33315			83			·		
TT DAOD	PERIONEL FE 00010								
				84	City		FL	85 Zip	Code
nature _	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec Signature, types or printed name of registeres age	ction 607.0505, Florida Statutes.	•		ration's board synatore required	tion submits this statement for the purion submits this statement for the purion of directors. Thereby accept the approximations	ointment as r	registered	agent. I am
		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	-		
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EET ACORESS ST. ZÎP BE EET ADDRESS -ST. ZIP E T ADDRESS -ST. ZIP E T ADDRESS -ST. ZIP E T ADDRESS -ST. ZIP T dc horeby Certify that	the information indicated phytics and	DELETE DELETE with this filing is voluntarily furnily larving the poort of supplemental arms.	23 ST 24 CI 3 1 TI 32 NA 33 S 34 CI 4 1 TI 42 NA 43 ST 44 CI 5 1 TI 52 NA 53 ST 64 CI 61 TI 62 NA 63 ST 64 CI 5 Shed and report is shed and report is all re	ME IY-SI ITLE ME ITSEFI / ITS	ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP	If the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, Fi	O7(3)(k), Flori	Change Change Change	Addition Addition Addition Addition