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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # H01194 (STAL, INC.	4 (0)	i.		DI REDIN DIANI BERNI BIRNE BIRNE BIRNE BIRNE
Principal Place	e of Business	Mailing Address			
POMPANO FASHION SOUARE POMPANO BEACH FL 33062		POMPANO FASHION SQUARE POMPANO BEACH FL 33062			
				3. Date incorporated or Qualified 04/27/1984	3a. Date of Last Report 05/01/1996
	ace of Business	28. Mailing Address	4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	4. FEI Number 59-2412824	Applied For Not Applicable
Suite, Apt :	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		Fee Hequired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Z (p)	Country	Zip	Country	a. This corporation has liability for	r intappible tax under s. 199.032,
24	25	29	30	Florida Statutes 10. Name and Address of New F	Yes No
CHD	g. Name and Address of Curre	ur Medizreien Waur	81 Name	30. Italia bio Acciosa di Italia	logisterou Agunt
	OZZOLI'S		82 Street Addr	ress (P.O. Box Number is Not Accept	able)
POMPANO FASHION SQUARE					
POM	IPANO BEACH FL 33062		83		
			84 City		FL 85 Zip Code
	to the provisions of Sections 607.05/ ogistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was gations of, Section 607.0505, Fl	es, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the ion's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag		E: Registered Agent signature requir		DATE
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
THTLE NAME	CHRYSTAL, NEIL	L otten	1.2 NAME		
STREET ADDRESS	8241 NW 53RD ST		1.3 STREET ADDRESS		
CITY+ST-ZIP	LAUDERHILL FL	T) DECEME	1.4 CITY-ST-ZIP		Change Addition
THILE	VSD Chrystal, Laura	DELETE	2.1 TITEE 2.2 NAME		C cuarge C vocation
NAME STREET ADDRESS	8241 NW 53RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TOTLE		Change Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADORESS (CITY: ST-ZIP			3.4. CITY-ST-ZIP		
TILE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
\$1REET ADDRESS			4.3 SYREET ADDRESS 4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$1 - ZIF! TITLE		DELETE	5.4 C/TY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Desc.12	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP		al car all Piles deserve	6.4 CITY-ST-ZIP	d in Costing 110 07/01/1 Clouds State	the I further certify that the
14. I do herel informatio I am an o appears	by certify that the information supplied indicated on this annual report or officer or director of the directo	led with this filing does not qual supplemental annual report is on the receiver or trustee empor on an attachment with an ac	ity for the exemption state true and accurate and that wered to execute this repo dress.	d in Section 119.07(3)(i), Florida Statu it my signature shall have the same le ort as required by Chapter 607, Florida	nest fromer certify that the again effect as if made under oath; that a Statutes; and that my name