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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H50597

(4)

FILED
Apr 28 1997 8:00am
Secretary of State

Principal Plac C/O MICHAEL 1582 S. E. TH DEERFIELD BE	CATALOGNA IRD COURT		Mailing Addres C/O MICHAEL (1582 S. E. THIR DEERFIELD BEA	CATALOGNA			3. Date Incorporated or Qualified 04/04/1985	Sa. D.	ate of Last F	
2. Principal Place of Business 21 Suite, Apt #, etc			2a. Mailing Add	dress			4. FEI Number 59-2614699		A	oplied For
				26 Suite, Apt. #, etc.						ot Applicable Additional
							5. Certificate of Status Desired		Fee Required	
City & Stat	e		 	City & State			6. Election Campaign Financing \$5.00 N			
23				28 Country			Trust Fund Contribution			to Fees
Zip 24	ŀ	Country 25	Zip	<u> </u>	Country 30	y	This corporation has liability for Florida Statutes	Intangible] Yes [. 199.032,
<u>[4]</u>			rrent Registered Agent		30		10. Name and Address of New Re			
CAT	ALOGNA. N	AICHAEL A.			81	Name		71	······································	
		OUGH LANE			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
,										
BOO	CA RATON	FL 33434			83					
					84	City		FL	85 Zip	Code
Ad Duranach	to the ermie	and of Continue CO?	0502 and 607 1500 Flor	ida Statuta	a the about	n named save	poration submits this statement for the tion's board of directors. I hereby acce		l obeneine i	to conjutaced
SIGNATURE	Signature, tyried	or printed name of registere								
12.			AND DIRECTORS		13.	ent signature requi	red when reinsleting) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND		
TifLE	D	OFFICERS	AND DIRECTORS	(NOTE DELETE	13. 1.1 TITLE	ent Signature requi			DIRECTOR Change	RS IN 12
TITLE NAME	CATALO	OFFICERS	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME					
THEE NAME STREET ADDRESS	CATALOG 17854 FC	OFFICERS BNA, MICHAEL DXBOROUGH LAN	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS				
TITLE NAME	CATALO	OFFICERS BNA, MICHAEL DXBOROUGH LAN	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	T ADORESS				
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97

0321482