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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Jan 10 98

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77999

(1)

PETER LANGONE, INC.

SIGNATURE X

Principal Place of Business Mailing Address						
FT. LAUDERDA	516 NE 13TH STREET FT. LAUDERDALE FL 3330					
US	TEE 1 E 00001	US	21,1170			
					3. Date Incorporated or Qualified 09/26/1985	3a. Date of Last Report 04/19/1996
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2644506	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		······ '	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax under s. 199.032,
24 .	25 9. Name and Address of 6	29 Current Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No
1 4 1		Current negistered Agent	81	Name	TO. Name and Address of New A	sgistered Agent
	IGONE, PETER		"	Name		
	NE 13TH STREET		82 Street Ac		ddress (P.O. Box Number is Not Accepta	ole)
ļ FI.	LAUDERDALE FL 33304		83	· · · · · · · · · · · · · · · · · · ·		
			0.3	'		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida Statut	es, the abov	re-named co	orporation submits this statement for the	
office or r	egistered agent, or both, in the	 State of Florida, Such change was a chliquitions of Section 607,0505. Florida. 	authorized b	y the corpo	orporation submits this statement for the gration's board of directors. I hereby acce	pt the appointment as registered
	militar min, and accept the	conganors or, Section 607.0505, Fil	unda Sialule	15.		
SIGNATURE	Signature: typeo or printed name of regist	tered agent and title if applicable (NOT	E: Registered Aç	ent signature re	aquired when reinstating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	LANGONE, PETER		1.2 NAME		<i>'</i>	
STREET ADDRESS	516 NE 13 ST		1.3 STREE	1 ADDRESS		ļ
CITY-ST-ZIP	ft lauderdale fl		1.4 CITY-	ST-ZIP		i
TITLE		DELETE	21 TITLE		1,,.	Change Addition
NAME			2.2 NAME		•	
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	ļ		
STREET ADDRESS			33 STREE	T ADDRESS		
CITY-S1-ZIP			3.4. CITY-	ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE	41 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-S1-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	51 TITLE			☐ Change ☐ Addition
NAME			52 NAME	-		
STREET ADDRESS			53 STREE	T ADDRESS		
CITY-ST-ZIP			54 CITY -	Į.		
Title		DELETE:	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS				T ADDRESS		
CITY-\$1-ZIP			6.4 CITY -			
						

14. If 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR