FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(8)

L. Corporation N	IENT # J2332 Sales co. Retail, inc.	6 (8)							
trincipal Place of Business Mailing Address					I 1841116 BITT 11406 UNTO 111(8 HOL	E GILL BIBN BIT	71 	1961 SIVIL 1991	
2700 W. CYPRESS CREEK RD. 2700 W. CYPRESS CREEK F									
FT. LAUDERDA		FT. LAUDERDALE FL	33309			To Date	of Last Re		
					3. Date Incorporated or Qualified 07/10/1986	1	7/25/199		
, Principal Plac	a of Business	2a. Mailing Address			4, FEI Number	1 0		pplied For	
, mincipal mac	e or pusitioss	26			59-2699781		N	ot Applicable	
Suite, Apl. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	TY)	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
l		28	Cou	oto :	Trust Fund Contribution 8. This corporation has liability for				
Zip [Country 25	Ζφ 29	30	riu y		Mo □ No	AX 01100. U	.00.002	
1	9. Name and Address of Curre		1001		10. Name and Address of New I	Registered	Agent		
				81 Name					
BERZON, HAROLD				82 Street Add	ddress (P.O. Box Number is Not Acceptable)				
	CYPRESS CREEK RD.			-					
FT. LAUD	DERDALE FL 33309		!	83					
				B4 City		FL	85 Zip	Code	
familiar with	gradine. Management ago	nt and til Vappilicable (N	OTE: Registered	l Agent signature require		DATE			
12.		ND DIRECTORS	13.	77.5	ADDITIONS/CHANGES TO OF		Change	Addition	
:TCF	P PEDZON HABOLD	T DECEIE	1 2 N						
IAME STREET ADDRESS	BERZON, HAROLD 2700 W. CYPRESS CREEK	RD	1	TREET ADDRESS					
DITY-SE ZIP	FT. LAUDERDALE FL	10	1.4 C	ITY-ST-ZIP					
THE	ST DELETE		2.17	TITLE			Change	Addition	
NAME:	BERZON, KAY		22 N	AME					
STREET ADDRESS	2700 W.CYPRESS CRK.RD.			TREET ADDRESS	•				
IY SI-7P	FT. LAUDERDALE FL	DELETE	3 1	ITY-ST-ZIP			Change	Addition	
IITLE		Присси	321				_ `	_	
NAME STREET ADORESS			1	STREET ADDRESS					
City S1-ZiP			340	OTY-ST-ZIP					
T TLF		DELETE	4 1	TITLE			☐ Change	☐ Addition	
NAME				IAME					
STREE! ADDRESS				STREET ADDRESS					
CITY-ST-ZIP		FINGER		CITY - ST - ZIP			Change	Addition	
TITLE		☐ DELETE	1	TITLE					
NAME				STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY - ST - 7IP TITLE		DELETE		TITLE			Change	☐ Addition	
NAME			621	NAME					
STREET ADDRESS			6.33	STHEEL ADDRESS					
011Y - S1 - ZIP			641	CITY-ST-ZIP	for the second of the second o	0.07/20/04	Iorida Ctat	toe I further	
14. Foo hereby certify that oath; that	y certify that the information supplie the information indicated on this ar Lam an officer or director of the cor Book 12 or Block 13 if chanced.	a with this filing is voluntarily fundal report or supplemental a poration or the receiver or trus or are attachment with an ac	umisned and nnual report stee empow ddress.	is true and accu ered to execute t	for the exemption stated in Section 11 rate and that my signature shall have the trapport as required by Chapter 607,	ne same leg Florida Stat	al effect as i utes; and th	f made under at my name	

SIGNATURE X

IGNING OFFICER OR DIRECTOR

Daytime Phone #