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

**PROFIT** CORPORATION ANNUAL REPORT

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

101

| Principal Place of Business  Mailing Address  IRWIN LITTMAN 16664 SW 5TH WAY FT LAUDERDALE FL 33326  Mailing Address FT LAUDERDALE FL 33326  Mailing Address FT LAUDERDALE FL 33326  FT LAUDERDALE FL 33326  Mailing Address FT LAUDERDALE FL 33326  FT LAUDERDALE FL 33326  |  |  | 3. Date Incorporated or Qualified 3a. Date of Last Report   |  |                           |  |                                    |
|--|--|--|---|--|---------------------------|--|------------------------------------|
|  |  |  |   | 12/09/1986   |                           | 01/1996                                |                                    |
| Principal F  | Place of Business  | 2a. Mailing Address  |   | 4. FEI Number  |                           |  | plied For                          |
| Control Aco  | * oto  | Suite, Apt. #, etc.  | · · · · · · · · · · · · · · · · · · ·   | 11-2841288   |                           | \$8.75 A                               | t Applicable                       |
| Suite, Apt   | #, CtG   | 27   |   | 5. Certificate of Status Desired   | ×                         | Fee Re                                 |                                    |
| City & Sta   | le   | City & State   |   | 6. Election Campaign Financing   |                           | \$5.00                                 | May Be                             |
| <u></u>  |  | 28   |   | Trust Fund Contribution  | X                         | Added t                                |                                    |
| Ζip  | Country  | Zip  | Country   | 8. This corporation has liability for  |                           | a tax under s.<br>No                   | 199.032,                           |
| <u> </u>   | 9. Name and Address of Curr  | rent Registered Agent  | 30  | Florida Statutes I   |                           | 7                                      |                                    |
| PRUZAN, MITCHELL   |  |  | 81 Name   |  |                           |  |                                    |
| 16664 S.W. 5TH WAY   |  |  | 82 Street Add   | ress (P.O. Box Number is Not Accepta   | able)                     |  |                                    |
|  | LAUDERDALE FL  |  |   |  |                           |  |                                    |
|  |  |  | 83  |  |                           |  |                                    |
|  |  |  | 84 City   |  | FL                        | <b>85</b> Zip (                        | Code                               |
| 4 0  | the the use felence of Continue CO7.6  | 2502 and 607 600 Elorida Statut  |   |  |                           |  |                                    |
|  |  | JOUZ RIEG DOLFIOUD, I IONGA GIAIGN                                     | 3s, ine above-nameo com   | poration submits this statement for the  | purpose c                 | of changing it                         | s registerea                       |
|  | registered agent, or both, in the St<br>am familiar with, and accept the co  | ale of Torida. Such change was a highlighton so, Section 607,0505. Ele | es, the above-named corpora<br>authorized by the corpora<br><del>wide-</del> Statutes.  | poration submits this statement for the tion's board of directors. I hereby acce | purpose of<br>ept the app | of changing it<br>pointment as         | s registered<br>registered         |
|  | registerico acent, or both, in the St<br>arm familiar with, and accept the or<br>Stig seurchyrico or printed name of registered  | Myly   | as, the above-named corporal vides Statutes.  Registered Agent signature requirements.  | red when reinstating)  | DATE                      |  |                                    |
| IGNATURE   | Signature hypotholopinted name of registered OFFICERS A  | agent one title if approache (NOTI                                     | Registered Agent signature requi  | 91~0   | DATE                      | D DIRECTOR                             | S IN 12                            |
| IGNATURE<br>2.   | Stig attact hyraci or printed name of registered OFFICERS A  | agent and tifle II apply abla (NOTI                                    | Registered Agent signature requirements 13.   | red when reinstating)  | DATE                      |  | S IN 12                            |
| OGNATURE  2.  ILE  AME   | Signetus: typed or printed name of registered OFFICERS / PD PRUZAN, MITCHELL   | agent one title if approache (NOTI                                     | Registered Agent a gnature requited 13.  1.1 TITLE  1.2 NAME  | red when reinstating)  | DATE                      | D DIRECTOR                             | S IN 12                            |
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| IGNATURE<br>2.<br>11:7<br>AME<br>TREEF ADDRESS<br>(TY+S1+ZIP)  | Signature hyricin or princed name of registered OFFICERS / PD PRUZAN, MITCHELL 16664 SW 5TH WAY FT LAUDERDALE FL   | agent one title if approache (NOTI                                     | Registered Agent a gnature requited 13.  1.1 TITLE  1.2 NAME  | red when reinstating)  | DATE                      | D DIRECTOR                             | S IN 12                            |
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