## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K01237

(2)

FILED
Sep 18 1997 8:00am
Secretary of State

☐ Addition

Change

Principal Place of Business  4258 SW 21 ST FT LAUDERDALE FL 33317 US  Mailing Address  4258 SW 21 ST FT LAUDERDALE FL 33317 US									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3s. Date of Last Report				
	·····								11/09/1987	07/	08/1996		
	lace of Busines	SS	<u> </u>	2a. Mailing Address					4. FEI Number			oplied For	
Suite, Apt.	# 010		Suite, Apt. #, etc.					65-0012385 Not Applicable					
22			27	27					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	10		City & S	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	<del></del> 1	Country	Zip		Cour	ntrv			This corporation owes or has pa				
24	→ ` <b>—</b> '			29 30				- 1	Personal Property Tax due June				
<del></del>		nd Address of Curre			<u> </u>				10. Name and Address of New Re				
CA	STELLON, VI	ICENT JOSEPH				81	Name					<del></del>	
	5640 SW 5TH ST.						Stroot /	Addros	s (P.O. Box Number is Not Acceptab	do)		<del></del>	
	PLANTATION FL 33317						3116617	Mudies	s (r.o. box Number is Not Acceptat	ne;			
						83							
					}	В4	City				85 Zip	Code	
					ĺ	•	City			FL	as zip	Code	
office or a agent. I a SIGNATURE		is of Sections 607.05 it, or both, in the Stat and accept the obli							ation submits this statement for the pair is board of directors. I hereby acceptions are reinstaling)	DATE	changing I pintment as	ts registered registered	
12.		OFFICERS A	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	
TITLE	D	<u> </u>	_	DELETE	1.1 1(1	LΕ		<u> </u>		***	Change	Addition	
NAME		N, VINCENT JOSI	EP		1.2 NA	ME	ł	1					
STREET ADDRESS	4258 S.W.				1.3 STI	REET	ADDRESS						
CITY-ST-ZIP	FT. LAUDE	RDALE FL			1.4 CIT	Y-5'	T-ZIP						
TITLE				DELETE	2.1 TiT	LE					☐ Change	☐ Addition	
NAME					2.2 NA	ME	- 1	1					
STREET ADDRESS					23 STI	REET	ADDRESS	\ 					
CITY-ST-ZIP				<u> </u>	2.400	TY-S	ST - Z(P						
TITLE				DELETE	3.1 TIT	LE	Ţ	[			Change	Add tion	
NAME					3.2 NAI	ME	- 1	1					
STREET ADDRESS	ļ				3.3 STF	ÆET	ADDRESS						
CITY-ST-ZIP					3.4. Cl		ST-ZIP						
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NAME					4. 2 NA	ME	ľ						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4 CIT		T - ZiP	<u></u>					
TITLE	f		į	DEFELE	5.1 TIT	I F	ı	I			Change	Addition	

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 acrual 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 Institute of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attractment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

■ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City-St-Zip

5.4 CITY-ST-ZIP