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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1997			Secretary of S DIVISION OF CORP				ONS	Secretary of State			
1	MENT on Name ENTERPRIS		234 Lywood, in	<b>(6)</b> c.					ila Birlin Alui Birlang John Bana		
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,	ce of Business			Mailing Address				+ (69(8)))		DIDIK ULUIK BIBIK BABAI U	HOLL GEORGE HOLL
435 EASTERN AVE MALDEN MA 02148				435 EASTERN AVE MALDEN MA 02148-5706							
				<u></u>						· · · · · · · · · · · · · · · · · · ·	···
								3. Date Inco	orporated or Qualified :	3a. Date of Las	,
2. Principal F	Place of Busine	ss	2a. N	lailing Address				4, FEI Numb		03/19/199	Applied For
21			26	26			58-182	4508	<u> </u>	Not Applicable	
Suite, Apt.	. #, etc.		F1	Suite, Apt. #, etc.				e of Status Dosired		5 Additional	
22 City & Sta	te			City & State					Fee	Required	
23			Fr m	28					Campaign Financing discontribution		<b>00</b> May Be ed to Fees
Zip	Country			Z <sub>ip</sub>		Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	4 25 9. Name and Address of Curren			29 30				Florida Statutes Yes X No  10. Name and Address of New Registered Agent			
LIAN			Current Register	еа Аделт		81	Name	10. Name an	d Address of New Re	gistered Agent	
	irison, Mic <del>i</del> 1 n. 37th st										
	LYWOOD 33					82	Street Add	iress (P.O. Box N	umber is Not Acceptab	le)	
						83	*				•
						84	City			p	ip Code
44 Purcuant	to the provisio	ne of Soctions I	007 0002 and 607	1608 Elevido Stat	ulos the et		pound see				·
office or i	registered age	nt, or both, in the	ne State of Florida ne obligations of, S	Such change was	s authorized	i by	the corpora	poration stibilitis ition's board of di	this statement for the prectors. I hereby accep	urpose of changin It the appointment	as registered
SIGNATURE	ann tantinar with	, and accept to	е отпуанона от, о	0.000, 1007, 0.0005, 1	rionda olai	utes.					
	Signature, typed or		tered a jent and life if ap			t Ager	1 signature requ	red when reinstating)		DATE	
12.	PTSD	OFFICE	RS AND DIRECTO	DELETE	13. 1.1 1/1	16		ADDITION:	S/CHANGES TO OFFIC	ERS AND DIRECT	
NAME	FAZIO, MIC	HAEL		ED Mille	1.2 NA					ED Angui	te [ ] youngi
STREET ADDRESS		RN AVENUE				1.3 STREET ADDRESS					
CITY-ST-ZIP	MALDEN M	Α			1.4 CI	Y- \$1	- ZIF				
TITLE				DELETE	2 1 117	Įξ				☐ Chang	ge Addition
NAME STREET ADDRESS					2 2 NA						
STREET ADDRESS CITY-ST-ZIP					2 3 STI 2 4 CI		ADDRESS				
TITLE				☐ DELF1€	31 TIT		ZIF			Chang	je Addition
NAME					3 2 NA	ME					_
STREET ADDRESS					3.3 \$10	RELLA	ADDRESS				
CITY - ST - ZIP	<del></del>			T on or	3.4. CI		- ZIP	— <del>-</del>			
TITLE NAME				☐ DELET€	4.1 141					Chang	e L Addition
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CITY-ST-ZIP					4.4 CH						
TITLE				DELETE	5 1 TII					Chang	e 🔲 Addition
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CITY-ST-ZIP TITLE				DELETE	5.4 CH 6 1 TH		ZIP			Chang	e Addition
NAME				Lad Dittit	6.2 NAI					∟) ruang	C Magilian
STREET ADDRESS					1		DORESS				
CITY-ST-ZIP					6.4 CIT						

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated crythis 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 register 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 charged, or production with an address.

MICHAEL FAZIO 3/11/97 612-324-2010

FILED

Mar 19 1997 8:00am