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

DOCUMENT #

1, Corporation Name

K50540

(9)

BANKO	LADV	ENTERPRISES.	INC
DAMKED	IAIIY	ENTEREMOTO.	HAL.

Dissipat Flags	4 Fluvings	Mailing Address	·- 				
Principal Place of		4408 MADISON ST.					
HOLLYWOOD) FL 33021	HOLLYWOOD FL 3300	21			- T 1	
					3. Date Incorporated or Qualified 12/12/1988	3a. Date of Lat 01/17	к нероп 7/1995
2. Principal Plac	ce of Business	2a. Mailing Address		·····	4. FEI Number		Applied For
21		26			65-0116873		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional see Required
22	and the same of th	City & State		· ·-	6. Election Campaign Financing		5.00 May Be
City & State		28			Trust Fund Contribution		dded to Fees
2.ip	Country	Zip	Countr	у	8. This corporation has liability for		er s 1 99.032,
24	25	29	30			. □ No	
	9. Name and Address of Curre	nt Registered Agent	8.	I Name	10. Name and Address of New F	legisterea Agent	
			l°				
	BEIN, JERRY		8	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
	ADISON ST.		8:	3			
HOLLYV	WOOD FL 33021-4632						7 0 4
			8	6 City		FL 85	Zip Code
or registere familiar with	d agent, or both, in the State of Flor n, and accept the obligations of, Soc Signature, typed or printed name of registered agen	ida. Such change was authorize tion 607,0505, Florida Statutes	ed by the cor	poration's boar entagnature require	ation submits this statement for the puriod of directors. I hereby accept the app	pointment as regist	ered agent Tarn
12.		ND DIRECTORS	13.	em agradue vagaro	ADDITIONS/CHANGES TO OF		CTORS IN 12
TITLE	PD	DELETE	1.1 TIES	F		☐ Cha	nge 🔲 Addition
NAME .	GERSHBEIN, JERRY		1.2 NAM	E .			
STREET ADDRESS	4408 MADISON ST.		1.3 STRÉ	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1,4 CHY			[7] Ch-	nge Addition
TITLE	STD	☐ DELÉTÉ	2 1 T·TL			Cha	inge [Addition
NAME	GERSHBEIN, SALLY		2 2 NAM				
STREET ACORESS	4408 MADISON ST.			ET ADDRESS			
CITY-ST-ZIP TITLE	HOLLYWOOD FL	[] DELETE	24 CITY 3 1 TIBL			☐ Cha	inge Addition
NAME			3.2 NAM				
STREET ADDRESS			33 STR	EFT ADDRESS			
CI1Y - S1 - ZIP	_		3 4 CITY	-\$1 - ZIP			
TITLE		☐ DELETE	4 1 TITL	F		☐ Cha	ange 🔲 Addition
NAME			4.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ DELETE	4 4 CITY 5 1 THTL	S!-7 P		Ch:	ange Addition
TITLE		[] ottere	5 2 NAM			L	
NAME STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP				- ST - ZIP			
TITLE		DELETE	6 1 1111			Ch:	ange 🔲 Addition
NAME			6.2 NAM	i			
STREET ADDRESS			63 STRE	EET ADDRESS			
CHTY-ST-ZIP			6.4 C4TY	-ST-ZP	,	0.07/2//0.51	holidos £tho-
certify that		nual report or supplemental and poration or the receiver or truste	nuai report is earempowere		for the exemption stated in Section 11th ate and that my signature shall have the is report as required by Chapter 607.	Florida Statutes; ar	

IGNATURE: JEARY (EASHBEIN Jerry Seuber 3/95/ 954-981-6234