## 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

K56249 DOCUMENT #

(1)

Principal Place of KEVIN COF 3121 N.W. 69	FURRING, INC.  of Business  RODIMAS	Mailing Address 3121 NW 3121 N.W. 69TH CT. FT. LAUDERDALE FL 3	1309	3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/25/1995
- D: : 1 Dis	- A Fluxings	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place	ce or Business	26		65-0088741	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Ζιρ	Country	B. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s. <b>XI</b> No
4	25 9 Name and Address of Cure	29	30	Fiorida Statutes Ye  10. Name and Address of New	
	9. Name and Address of Curi	ent negistered Agent	81 Name	10	
CORODIMAS, KEVIN			82 Street Ac	ddress (P.O. Box Number is Not Accepta	ible)
3121 NW 69 CT			Street At	garess (F.O. Box Marrison is Not Moophe	
FT LAUC	DERDALE FL 33309		83		
	•		84 City		FL 85 Zip Code
SIGNATURE		AND DIRECTORS	TE: Registered Agent signature req		FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD CORODIMAS, KEVIN 3121 NW 69 CT	☐ DELETÉ	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	FT LAUDERDALE FL	T DELETE	1 4 CiTY-ST-ZiP 2 1 TiTLE		Change Addition
TITLE		Dottett	2 2 NAME		
name Street Address			2 3 STREET ADORESS		
CHY-ST-ZIP			2 4 CITY - ST - ZIP		
THILE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(1Y - \$1 - Z(P		☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition
TITLE NAME		<u> </u>	4.2 NAME		
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STREET ADDRESS	8		5 3 STREET ADDRESS		
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TITLE		[] orceit	62 NAME		<del>_</del> - <del>_</del>
NAME STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
OTT I TO I TAIL	1			The second secon	10 07(3)(k) Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carby that I am an officer or director of the corporation or the receiver 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 changed or on an attachment with an address.

SIGNATURE

SIGNATURE

Date

Date

Despire Place

Date

Despire Place

D

Kevin Gradines 2-5-96

Daytime Phone ⊁

CR2E034 (12/95)