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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B/Mo them

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 31 1997 8:00am

Secretary of State

DOCUMENT # **K58133**

(5)

ED'S GL	JITARS, INC.	, ,		<	4 (MANDENI ARI BINGA KANDA UDAN ANANA N	u: Bibli Bibli Didi: Bibli Arbi Albi 1841
Principal Place		Mailing Address	_			if midit dedit dibiti mines denia milite iane
		4047 S.W. 96TH AVENU Miami Fl 33165-5104	E		A STATE OF THE STA	
					3. Date Incorporated or Qualified 01/10/1989	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0092973	Not Applicable
Suite, Aptili	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Cour	itry	8. This corporation has liability to	
24	25 25 Name and Address of Cure	29 rent Registered Agent	30	····	Florida Statutes 10. Name and Address of New R	Yes No
	ER, JEFFREY M.	iont negistered Agent		81 Name	TO, Name and Address of New Fr	agratered Agent
	86 S. DIXIE HIGHWAY		-	B2 Street Add	ress (P.O. Box Number is Not Accepte	-LIA
	AI FL 33189			5LIBEL ACIO	ress (P.O. Box Number is Not Accepts	(Cie)
				83		
			ŗ	84 City	and the state of t	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the ab	ove-named corp	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing its registered
agent Lar	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida State	ites.	tions board of directors. Thereby acc	ept trie appointment as registered
SIGNATURE	Segments of types the pointed masses of registered	Seried Learnes teller if Streetler Abdra.	IOTE Florustered	Ageni signalure regu	ized when reinstations	DATE
12.		AND DIRECTORS	13.	Agent agranate requ	ADDITIONS/CHANGES TO OFF	
THEF	ν	DELETE	1.1 TiT	LE		Change Addition
NAMÉ	OLECK, MICHELLE M.		1.2 NA	ME		
STREET ADDRESS	4047 SW 96TH AVE		1.3 \$1	EET ADORESS		
CITY - ST - ZiF	MIAMI FL PDC	DELETE		Y-S1-ZIP		Change Addition
TIBLE NAME	OLECK, EDWARD WARREN		2 1 TIT 2 2 NA	i		Change Mudition
STREET ADDRESS	4047 S.W. 96TH AVENUE		1	REET ADDRESS		
CITY-SI-ZIP	MIAMI FL			Y+ST-ZIP		
TOLE		☐ DELETE	3.1 TiT			Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 \$7	REET ADDRESS	•	
CHY-ST-20F				ry-st-zip	·····	
TILLE		☐ DELETE	4.1 TIT	· ·		Change Addition
NAME			4. 2 N/			
STREET ADDRESS				HEET ADDRESS Y-ST-ZIP		
1017-81-70 1016		DELETE	5.1 TiT			Change Addition
NAM:			5 2 NA	ĺ		
STREET ADDRESS				REET ADDRESS		
CHTV - S1 - ZHF			5.4 CI	Y-ST-ZIP		
180		DELETE	6 1 TIT	LE		Change Addition
NAME			62 NA	ME		
STREET ADDRESS			6 3 ST	HEET ADDRESS		
CITY-S1-74	a results that the alexantian - one	slied with this filing does not a		Y-ST-ZIP	d in Section 119.07(3)(i), Florida Statu	tae I further certify that the
informatio	n indicated on this are	or the relative or trustee that	is an	ccurate an 🔨 ha	o in Section 119.07(3)(i), Florida Statu it my signature shall have the same leg ort as required by Chapter 607, Florida	gal effect as if made under oath; that