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

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

Sandra B. Mortham 🍃

....PROFIT CORPORATION ANNUAL REPORT

1997

FILED
Jun 17 1997 8:00am
Secretary of State

Muski	eteers Group can	·4 •						
Principal Plac	e of Business	Mailing Address	la Rend	ine CDA	_			
4517 West P	Palm Beach Point		-	omer St	3. Date Incorporated or Qualified	3a. Date of Las	of Donart	
	33414-7410			103.0	6-20 - 89	4/7		
Principal Place of Business 28. Mailing Address					4. FEI Number		Applied For	
21 26					58-1866568		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	1 1	5 Additional Required	
City & State City & State 23 28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Zip Country Zip Country 25 29 30			ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent		
W	II THAN			61 Name				
Mogull, Ivan 4517 Palm Beach Pt. Blvd. WestPalm Beach Fc 33414-4410 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Reserved 84 City Reserved 85 Name 86 Name 87 Name 88 Street Address (P.O. Box Number is Not Acceptable)								
() (Dala Reach Fi	22414-4410	, [83				
Wes	Malin Annal .	3311) 1110		64 City		FL 85 Z	?ip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change wa	as authorized	by the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changin It the appointment	g its registered as registered	
SIGNATURE								
Signature typed or printed name of registered agent and title if applicable. (NOTE Reg				instered Agent signature required when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		IOFIC IN 10		
12.	DMPT	DIRECTORS 13.			ADDITIONS/CHANGES TO OFFIC	Chang	··	
NAME	D m r i		1.2 NA				,	
STREET ADDRESS	REET ADDRESS US 12 Palm Bench P+ Blud			REET ADDRESS			8	
CITY-ST-ZIP			1.4 CH	Y-\$1-7/P				
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•			EF1 ADDRESS	\rightarrow	4 16//7	ク タネー		
CITY-ST-ZIP				Y-S1-ZIP	///////	1 Y 1		
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NAME OTDEET ADDROCCO			6.2 NAN		-06/18/970103	5038		
STREET ADDRESS				FET ADDRESS Y-ST-ZIP	***165.00		1	
CITY-ST-ZIP 14. I do heret	by certify that the information supplied	with this filing does not qu			in Section 119.07(3)(i). Florida Statutes	. I further certify th	at the	

Information indicated on this annual report of supplemental annual report is true and accurate and that my signalure shall have the same legal effect as if made under eath; 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 ghangaid, or on an attachment with an address.

SIGNATURE:

Jvan Magull