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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # L33317 (3) ENDLESS SUMMER, INC.  |  |   |                 |              |   |  |  |
|---|--|---|-----------------|--------------|---|--|--|
| Principa' Place of Business  M MARIE C. ASSALI 2333 BRICKELL AVE., A 2606 MIAMI FL 33129-2417 |  | Mailing Address  MARIE C. ASSALI  2333 BRICKELL AVE., A 2606  MIAMI FL 33129-2435 |                 |              | E ARRENOIS ORD MICEO MISEO CHECK HOLD THOS PROPERTY OF THE CHECK HOLD CHECK HOLD IN THE CHECK HOLD |  |  |
|   |  | **************************************  |                 |              |   | 3. Date Incorporated or Qualified 11/29/1989 3a. Date of Last Report 04/30/1996  |  |
| 2. Principal Place of Business  |  | 2a, Mailing Address   | F-7             |              |   | 4. FEI Number Applied For  |  |
| Suite Apt. #, etc   |  | Suite, Apt. #, etc.   |                 |              | 65-0164137   Not Applicable   \$8.75 Additional   |  |  |
| 22  |  | 27  |                 |              | 5. Certificate of Status Desired Fee Required   |  |  |
| City & State  | p  | City & State  |                 |              |   | Election Campaign Financing     \$5.00 May Be  |  |
| 23  | · · · · · · · · · · · · · · · · · · ·  | 28  |                 |              |   | Trust Fund Contribution Added to Fees  |  |
| Zip   | Country  | Zip   | <b></b>         | intry        |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  |  |
| 24  | 25<br>9. Name and Address of Curre   | 29 nt Registered Agent  | 30              |              | ***************************************   | Florida Statutes Yes L No  10. Name and Address of New Registered Agent  |  |
| 1224  | ALI, MARIE C.  |   |                 | B1           | Name  |  |  |
|   | BRICKERLL AVE., A 2606   |   |                 | 82           | Street Addr   | iress (P.O. Box Number is Not Acceptable)  |  |
|   | Al FL 33129-2417   |   |                 |              | Silect Addi   | Voluments in the property  |  |
|   |  |   |                 | 83           |   |  |  |
|   |  |   |                 | 84           | City  | FL 85 Zip Code   |  |
| 11. Pursuant I  | to the provisions of Sections 607.050 egistered agent, or both, in the State | 02 and 607.1508, Florida Statu<br>e of Florida. Such change was                   | ites, the at    | bove<br>d by | -named corp<br>the corporat   | poration submits this statement for the purpose of changing its registered<br>tion's board of directors. I hereby accept the appointment as registered |  |
| agent La  | m familiar with, and accept the oblig  | jations of, Section 607.0505, F   | torida Stat     | tutes.       |   |  |  |
| SIGNATURE   | Signature typed or printed name of registered ap                             | iery and title if applicable (INC   | TE Registere    | d Ager       | nt signature requir   | pired when reinstaung) DATE  |  |
| 12.   | · · · · · · · · · · · · · · · · · · ·  | ID DIRECTORS  | 13.             |              |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE   | D  | DELETE  | 1.1 ]           | TLE          | ].  | Change Addition  |  |
| NAME  | ASSALI, MARIE C.   |   | 1.2 N           | AME          |   |  |  |
| STREET ADDRESS  | 2333 RBICKELL AVE A-2606   |   | - 5             |              | ADDRESS   |  |  |
| CHY-\$1-7IP   | MIAMI FL   | DELETE  |                 | TY-ST        | - ZIP   | Change Addition  |  |
| Title   |  | L.J Detere  | 2 1 TI<br>2.2 N |              |   | Cuanda Cadunou   |  |
| NAME<br>STREET ADDRESS  |  |   | - E             |              | ADORESS   |  |  |
| CHTY-ST-ZiP   |  |   |                 | ITY S        | ]   |  |  |
| TillE   |  | ☐ DELETE  | 31 T            |              |   | Change Addition  |  |
| NAME  |  |   | 32 N.           | AME          |   |  |  |
| STREET ADDRESS  |  |   | 338             | TREET        | address   |  |  |
| 30TY - ST - ZIP   |  |   |                 | 1TY - S      | T-ZIP   |  |  |
| 1 Tre   |  | ☐ DELETE  | 4.1 T)          |              |   | L_I Change   Addition  |  |
| N≹ME<br>N======   |  |   | 4. 2 N          |              |   |  |  |
| STATEET ADDRESS   |  |   |                 |              | ADDRESS   |  |  |
| on S7-ZiP   |  | DELETE  | 4.4 C           | TLE          | - ZIP   | Change Addition  |  |
| EUNA :  |  | L_ occent   | 5.2 N           |              |   |  |  |
| STREE LADDRESS  |  |   | 1               |              | ADDRESS   |  |  |
| CITY - ST-ZIP   |  |   | 1               | TY-SI        | ì   |  |  |
| TITLE   |  | DELETE  | 6.1 T           |              |   | Change Addition  |  |
| NAME  |  |   | 6.2 N           | AME          |   |  |  |
| STREET ADDRESS  |  |   | 6.3 S           | TREET A      | address   |  |  |

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; that I am an officer or director of the corporative 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 contribution of an Arachinent with an address.

SIGNATURE:

GNATURE AND THE OR PRINTED NAME OF SIGNING DEFICER OR DIRECT

51/29/97

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**FILED** 

Feb 04 1997 8:00am

Secretary of State