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 # L46146

(1)

FILED Feb 20 1996 8:00 am Secretary of State

,	JUST CALVIN'S	S OF DANIA, INC.							- - 1881 81 84 81 81 81 81 81 81 81 81 81 81 81 81 81			
Principa' Piace of Business Mailing Address									- I TOOPTON DIE BLANK ONDE IN DIE	818 8111 81 3 41 8		OUT ALDUN DIRIN SEAL
% CALVIN ZOOK 1855 GRIFFIN RD B364 DANIA FL 33004				% Calvin zook 1855 griffin RD 8364 Dania Fl 33004				·				
									3. Date Incorporated or Qualified 01/24/1990	1	of Last R 07/25/1	,
	2. Principal Place of Business			Meding Address			4. FEI Number	Applied For				
21 Suite	Suite, Apt. # etc.			Surte, Apt. #, etc.				65-0176873			Not Applicable	
22			27					5. Certificate of Status Desired			Additional Required	
City 23	City & State			City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Zgr		Country	28	Ζıp	0	ountry			8. This corporation has liability for	intangible ta		ed to Fees 199 032
24		25	29		30					∏ No	IX CHICAGO	155,002,
	9. Name	and Address of Curren	t Regist	ered Agent		Ţ.,			10. Name and Address of New F	legistered .	Agent	
						81	Name					
ZOOK, CALVIN							Street	Addres	ess (P.O. Box Number is Not Acceptable)			
	1855 Griffin RD B 364					83	<u>-</u>					
_	DANIA FL 33004											
•	JAI 11 L 4000 ;					84	City			FL	85 Zi	p Code
fan SIGNAT	URE	r brie obligations of, Section of the sections of the section of the sectio	on 607.0	pous, Florida Statutes	s. Hi Flygster	ed Apen			of directors. Thereby accept the app	. DATE		
12. T [4]	PD	OFFICERS AND) Directi	DELETE	13	I TITLE		90	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12 Addition
NAME		CALVIN		L. J 0		NAME		7	ONG MANU CONU	Kt.K. L	Change	M Addition
STREET ASSERTS 1855 GRIFFIN RD B364					1.3 STHEET ADDRESS			18	CRETARY/TREASU OOK STEFAN, ISS GRIFFIN AD. HNIA, FL. 3300	13364	1	
Cilt-St a	B. 4.5.11.4					CITY S		0.	ANIA, FL 3300	7		
Tal, F				DECEIE		TI'LF					Change	Addition
NAME					5.5	NAME						
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CITY - ST - A	71-			[] DELETE		CHY-SI	I - ZIP	 	,		7.0	
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_ 011r-51-7 1016	² 12					C-TY-ST	· 218					
NASSE	ļ			DELETE		THE				L] Change	☐ Addition
STREET ADE	nerss				- 1	NAME Stocki	Anamage.					
Cifn - S1 - Z						S:H2817	ADDRESS MG					
7111.8	<u> </u>			DELETE		TITLE	·ZIP				Change	Addition
NAMS				-		NAME				L_	J Cg.,	
STREET ADI	OPESS						ADDRESS					
CHT+-ST-Z	10					CITY - ST						

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 oath; that I am an officer or director of the conforation or the receiver or trustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in ranged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN ZOOK

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954-922-2671