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

	MENT # L5018 E CARBURETOR AND FL					
Principal Place of Business Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I IRBHANI ABI DINI BANDI IIBAN KUNI DH	il Bibbi bibit bibit bibit bibil bibi	II BIBH (BBH
10655 N.W. 53 ST. 7131 N.W. 44TH COURT SUNRISE FL 33351		C/O STANLEY L. RIEGER 7131 N.W. 44TH COURT LAUDERHILL FL 33319-4080				
U\$				3. Date Incorporated or Qualified 02/06/1990	3a. Date of Last F 06/06/1996	•
2. Frincipal Place of Business		2a. Mailing Address				pplied For
1			26 65 46 Baybill Hrr		65-0172568 Not App 5. Certificate of Status Desired Service Fee Require	
Suite, Apt. #, etc.			Suite, Apt. #, etc. /			
City & State)	City & State	0 / 0/	6. Election Campaign Financing) May Be
23		28 Boxnon	Beach, H)	Trust Fund Contribution		to Fees
Ζφ	Country	202497	Country Beach	8. This corporation has liability for	intangible tax under s Yes	s. 199.032,
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30 10 10 100	Florida Statutes 10. Name and Address of New Re		· · · · · · · · · · · · · · · · · · ·
LAU	1 N.W. 44TH COURT DERHILL FL 33319 to the provisions of Sections 607. egistered agent or both, in the Sin familiar with, and accept the of	0502 and 607.1508, Florida Statute late of Florida. Such change was a oligations of, Section 607.0505, Flor	82 Street Add 83 84 City s, the above-named coulthorized by the corporarida Statutes.	ress (P.O. Box Number is Not Accepta	FL 85 Zp purpose of changing upt the appointment ar	Code 7 443 its registered s registered
SIGNATURE	Standard type of or pointed name of registance	Naord and title if applicable (NOTE	Registered Agent signature requ	ired when toinestating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	RIEGER, STANLEY L.		1.2 NAME			
STREET ADDRESS	7131 N.W. 44TH COURT LAUDERHILL FL		1.3 STREET ADDRESS			
CHY-ST ZIP	DAODERINGETE	DELETE	1.4 CITY-ST-2IP 2.1 TITLE		Change	Addition
NAME			2.2 NAME		_ · ·	-
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST ZIP			2. 4 CITY-ST-ZIP			
TOLE		L) DELETE	3.1 TITLE		☐ Change	Addition
NAME PERFECT ADDRESS			3.2 NAME			
STREET ADDRESS CITY-S1-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-2IP			
TITLE		DELETE	41 TIFLE		Change	Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CHY-S1-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME OXIVITATION OF			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		-	
CHY-ST-Zir TOLE		DELETE	6.1 Trile		☐ Change	Addition
NAME			6.2 NAME			**
STREET ADDRESS			6.9 STREET AODRESS			
CITY - S1 - ZIP			6.4 CITY-ST-ZIP			
informatio Lam an o	n indicated on this annual report fricer or director of the corporatio	or supplemental angual report is tru	ue and accurate and that ered to execute this repo	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	ial effect as if made ui	nder oath: tha

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

May 02 1997 8:00am

Secretary of State

0279051