FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



L58559

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT # 1. Corporation Name TORANNE CORP.

•	•	*	••	••	***	_	•	••	

Principal Place of Business 8177 W. GLADES RD. #5 **BOCA RATON FL 33434**

SIGNATURE:

Mailing Address

8177 W. GLADES RD. #5 **BOCA RATON FL 33434**



					3. Date Incorporated or Quai 03/20/1990	I .	te of Last Report 05/01/1995	
2. Principal Plac	ce of Business	2a. Mailing Address	260	00	4. FEI Number		Applied For	
21 8/7	7 W.GlADES Rd.	26 8177W.C	Juan.	KA.	65-0177839		Not Applicable	
Suite, Apt. #	26	Suite, Apt, #, etc. 27 + 36	Zkides		5. Certificate of Status Desire	ed 🔲	\$8.75 Additional Fee Required	
City & State 23 BOCH	Raton, FLA	28 PSOCA Late	m, 76	9.	Election Campaign Financ Trust Fund Contribution		\$5.00 May Be Added to Fees	
710 334	34 Country Beach	29 Zip 33 434	County	n Deach	This corporation has liab Florida Statutes	o intangible	tax under s 199.032,	
24 374	g. Name and Address of Current	1	30/////	· //	10. Name and Address of N	· · -	<u> </u>	
	g, Hallo and Abolico of California	- Carlotte A. Barri	81	Name	,,,	<u> </u>		
11407144	101 101R1 F			<u> </u>				
HARTMANN, JOHN E.				Street Addre				
	8177 W. GLADES ROAD, #5							
BOCA RA	ATON FL 33434		83					
			84	City			85 Zip Code	
				L	4 4 4 4	<u>_</u>		
or registere familiar with	the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Section	a. Such change was authorize	s, the above- d by the corp	oration's board	d of directors. I hereby accept th	e appointment	as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent &	nd title if applicable. (NOT	E. Registered Age	ent signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS IN 12	
TITLE	VP	DELETE	1. 1 TILLE				Change Addition	
NAME	HARTMANN, JOHN E.		1.2 NAME	Ì				
STREET ADDRESS	1353 SW 26TH AVE			T ADDRESS				
	DEERFIELD BCH FL		1.4 CHY-					
CITY-ST-ZIP TITLE	P DECRIPCED BOTT TE	☐ DELETE	2 1 TITLE				Change Addition	
	HARTMANN, MARLENE M.		2.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS	1353 SW 26TH AVE							
CITY - ST - ZIP	DEERFIELD BCH FL		24 CITY -				Change Addition	
TILLE		☐ DELETE	3 1 TITLE				Chang: Classical	
NAME			3.2 NAME					
STREET ADDRESS			3 3. STRE	ET ADDRESS				
CITY - ST - ZIP		parts 2 2 2 2 2 2	3.4 CITY -				□ Oberes □ 4440000	
TETLE		DETELE	4. 1 TITLE				Change Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CHY-	ST-ZIP				
TITLE		☐ DELETE	5. 1 TITLE				Change Addition	
NAME			5.2 NAME	:				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY - ST - ZIP			5.4 CITY-	-ST-ZIP				
11116		☐ DELETE	6 1 TITLE				Change Addition	
NAME			6 2 NAME					
STREET ADDRESS				ET ADORESS				
CITY CT 713			6.4.C(TY)	- ST - 7/P				
CITY-S ⁷ -ZI ²	v certify that the information supplied w	ith this filing is voluntarily furni	ished and do	es not qualify for	or the exemption stated in Section	n 119.07(3)(k),	Florida Statutes. I further	
certify that oath; that i appears in	y certify that the information supplied w the information odicated on this annu- am an officer or virector of the corpor Block 12 of Block 13 if changed, or or	al report or supplemental annuation or the receiver or trusteen a attachment with an address	al report is t e empowered ess.	rue and accura d to execute this	te and that my signature shall ha s report as required by Chapter (ve the same leg 107, Florida Sta	gal effect as if made under tutes; and that my name	