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

i. Corporatio	MENT # L6374 O N. LAKE BLVD., INC.	ł7 (4)								
Principal Place of Business Mailing Address						-] (
C/O GLADOWKY 18 MANOR RD SMITHTOWN NY 11787		C/O GLADOWKY 18 MANOR RD SMITHTOWN NY 11787-2715			3. Date Incorporated or Qualified 3a. Date of Last Report					
O Delania de	Place of Business	1 As Walles Addis				4. FEIN	0/1990		03/11/1996	
2. Principal P	Tace of business	2a. Mailing Addres	⊢ *				3014896		 	pplied For lot Applicable
Suite, Apt.	#. etc.	26 Suite, Apt. #, c	Suite. Apt. #, etc.			1		P	60.75	Additional
22		h	27			5. Certi	ficate of Status Desired			equired
City & Stat	le	City & State				6. Elect	ion Campaign Financing	9	\$5.00	May Be
23		28				Trust	Fund Contribution			to Fees
Zip Country		Zip				8. This corporation has liability for intangible tax under			s. 199.032,	
24	25	29	30				la Statutes		s ∐ No	
	9. Name and Address of Cu	rrent Registered Agent		1	Name	10. Nam	e and Address of New	Registe	red Agent	
WALDMAN, JAMES W. 7000 W. PALMETTO PARK ROAD, SUITE 409 BOCA RATON FL 33433				13	Street Addre	et Address (P.O. Box Number is Not Acceptable) FI_ 85 Zip Code				
agent. I a StGNATURE	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the of Signature, typed or pointed name of registerer	bligations of, Section 607.0	505, Florida Statut	tes.		d when reinstat	ing)	D#	ATE	
12.	PTD	AND DIRECTORS DELI	13.			AUUII	IONS/CHANGES TO OF	FICERS	Change	Addition
NAME	CIOFFI, ADELMO	L., 1/11	1.2 NAM						Onlings	
STREET ADDRESS CITY-ST-ZIP	3499 EAST BAY COURT MERRICK NY		1.3 STRE	ET AL						
TITLE	VSD			1.4 CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	CIOFFI, MADELINE			2.2 NAME						
STREET ADDRESS	3499 EAST BAY COURT		2.3 STRE	ET AC	DDRESS	•				
CITY-ST-ZIP	MERRICK NY		2.4 CITY	/- ST-	- ZIP					
TITLE		DELI	TE 31711(E	E					☐ Change	Ac dition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	1A [3	DDRESS					
CITY-ST-ZIP			3.4. CITY		- ZIP	<u> </u>				
TITLE		☐ DELI							Change	Addition
NAME			4. 2 NAN		j					
STREET ADDRESS			4.3 STRE							
CITY-ST-ZIP		DELE	44 CHY		ZIP				Change	Addilion
TITLE NAME		المال المال	TE 51 TITLE 52 NAM						ш опанус	
					hhpree					
STREET ADDRESS			5 3 51RE							
CITY-ST-ZIP TITLE		DELE	5.4 C(1)Y		211				Change	Addition
NAME			6.2 NAM							
STREET ADDRESS			6.3 STRE		ODRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.

6.4 CHY-S1-ZIP

FILED

Mar 14 1997 8:00am

Secretary of State