FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 APR -7 PM 1: 03

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee									SECRETARY OF STATE			
\$ 203			ck Payable T	- TALLA	SECRETARY OF STATE TALLAHASSEE, FLORIDA							
1. Name of Limi	and Mailing Ad ted Liability Co	drass	1									
7:	21 S. F	EDER	TD., L.O AL HWY. ACH FL					721 S. FEDERAL HWY. DEERFIELD BEACH FL 33441				
If above mailing address is incorrect in any way, line through incorrect Principal Place of Business 2a. Mailin				Information and enter correction in Block 2a. ng Address			3. Date Organiz	ed or Qualified	3a. State of	Formation		
2 7 /////	a riaco o pus			20. Wall	ig Alburasa						· Omagon	
Suite, Apt	#, etc.	····	****	Suite, Ap	pt. #, etc.			01/21/19 4. FEI Number	93	FL T		
City & Sta				City & St	10					<u> L</u>	Applied For	
City & Sta	110			Oily a St	210			65-03810			Not Applicable	
Zip	·	Country		Zıp		Coun	try	5. Date of Last	,		of Status Desired	
	7 Name	22d Add	ress of Current I	Parintared	Annt			03/12/19 8. Name and Add				
- 				redistated	Agent		Name	6. Name and Add	ILERE OI MEM H	egistered Ager	<u> </u>	
MORFIDIS, KONSTANTINOS 721 S. FEDERAL HWY.							Street Address (P.O. Box Number is Not Acceptable)					
DEERF.	TETD BE	ACH	FL 3344:	L								
							Sulte, Apt. #, etc.					
l							City			Zip Code		
							FL FL					
its registe	ant to the provis red office or reg ired agent, and	istered ag	ent, or both, in the	nd 608.508 State of Flo	, Florida Stat rida. Such ch	tutes, the s ange was i	bove-named limite authorized by affirn	ed liability company a native vote of a majori	submits this state ity of the membe	ement for the pr rs. I hereby acce	urpose of changing apt the appointment	
SIGNATU	JRE							DATE				
10. Title			ored Agent Accepting A embers/Managers		OTE: Registered Agent signature required when reinstatin Business Street Address				City, State and Zip Code			
10. Title	Ma	naging Mi	Impers/Managers	•		Ousin	989 Slidet Vuoles	•	Ony, State and Eth Code			
м	MORFIDI	s, K	ONSTANT	INOS	21 S.	FEDI	ERAL HWY		PEERFIE	LD BCH.	. FL	
MIM I	MORFIDIS, NARGARET 21			21 S.	1 S. FEDERAL HWY.			DEERFIELD BCH. FL				
								00	f04/09	3/97010	170-8 035-004 ****203.75	
	L		-		<u></u>					7,		

11. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE	KONSTANTINOS MOR	FIDIS 1/24/99	744-3020
SIGNATURE AND TYPED OR PRINTED N	AME OF SIGNING MANAGING MEMBER OR MANAGER	Date	Daytime Phone #