## 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

DOCUMENT # L95852

(4)

**GUIDO TELMOSSE SALES, INC.** 

Principal Place of Business Mailing Address							_					
4014 NW 73RD CORAL SPRING			4014 NW 73RD AVE. CORAL SPRINGS FL 33065-2142									
							3	Date Incorporated or Qualified 08/23/1990	1	ite of Last Ri 26/1996	eport .	
2. Principal P	lace of Business	2a, Mailing Address				4	. FEI Number	***********	Ap	plied For		
21		26						65-0213493			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	Δ	City & State				+-	Floring Occasion Figure					
23	V	28	my a ciaic				"	<ul> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ul>		\$5.00 Added I		
Zip	Country		ip	Country			8	. This corporation has liability for	intangible			
24	25	29 30			<u>,                                     </u>			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registe	red Agent				10	Name and Address of New Re	gistered	Agent		
	Mosse, Guido				B1	Name						
	NW 73RD AVE.				62	Street Add	ddress (P.O. Box Number is Not Acceptable)					
COF	RAL SPRINGS FL 33065				<b>B3</b>					<del></del>		
					63							
		•			84	City			FL	85 Zip (	Code	
11 Purcuant	to the provisions of Sections 607.056	12 and 607	1508 Florida Statu	tes the s	hove	anamed cor	rnorali	on submits this statement for the r		channing it	s registered	
office or r	registered agent, or both, in the State im familiar with, and accept the oblic	of Florida	Such change was	authorize	ed by	the corpora	ation's	board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	ин таплиаг with, алы ассерстве ослу	jauoris or, c	360110111007.0303, 71	onda ota	llutoa	1.						
	Signature typed or printed hand of registered ag	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		od Age	nt signature requ	uired whe		DATE		0.01.40	
12.	OFFICERS AN	ID DIRECT	ORS DELETE		13. 3.1 TITLE			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR  Change	S IN 12	
THE	PS CHIDO		L. DELETE							L CHANGE	L) Addition	
NAME	TELMOSSE, GUIDO 4014 N.W. 73RD AVENUE			•	IAME TOTET	ADDRESS						
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL			1	HTY-S							
TITLE	VI		DELETE	2.1 7		1-511				Change	Addition	
NAME	TELMOSSE, JOANNE				IAME					_ ,	_	
STREET ADDRESS	4014 N.W. 73RD AVENUE					ADDRESS						
CHTY-S1-ZIP	CORAL SPRINGS FL					ST-ZIP		•				
TITLE			DELETE	3.1 T				<del></del>		Change	Addition	
NAME				3.2 N	IAME							
STREET ADDRESS				3.3 9	TREET	ADDRESS						
CITY-ST-7IP				3.4.	CITY-S	ST-ZIP						
THILE			DELETE	4.1 1	ITLE					☐ Change	Addition	
NAME				4.2	NAME							
STREET ADDRESS				4.3 9	STREET	ADDRESS						
CITY- ST- ZIP				4.4 (	CITY - S	T- ZIP						
TITLE			☐ DELETE	5.11	ITLE					☐ Change	Addition	
NAME				5.2	IAME							
STREET ADDRESS				5.3 5	STREET	ADDRESS						
.CITY-ST-ZIP					CITY - S	T- ZIP				TT A:	* <b>(**)</b>	
TITLE			DELETE	6.1 1						Change	Addition	
NAME				6.21	AME	1						

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. Lo hereby certify that the information supplied with this filing 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 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 corporation or the receiver or trustee 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 attachment with an address.

**FILED** 

Feb 03 1997 8:00am

Secretary of State