FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # MARKSS

/5\

	AVE	• •	7-3848		
					Date of Last Report 04/26/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-2782988	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	······································	6. Certificate of Status Desired	Fee Required
City & Stat	io	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	Country 30	8. This corporation has liability for inten Florida Statutes	gible tax under s. 199.032,
	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
LAN	YZA, MICHAEL		81 Name		
3641 NE 4TH AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT :	LAUDERDALE FL 33334		83		
			64 02		
			84 City	· ·	FL 85 Zip Code
office or i agent. La StGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the Stale irin familiar with, and accept the obligation of the state of the section of t		is, The above-named corpora uthorized by the corpora rida Statules. Registered Agent signature requ	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
12.		D DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PO	☐ DELETE	1.1 TITLE		Change Addition
NAME	LANZA, MICHAEL		1.2 NAME		
STREET ADDRESS	4120 NW 10TH STREET		1.3 STREET ADDRESS		į
CITY - ST - ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		
THLE	VD VANDOTTA OEDALO	☐ DELETE	21 TITLE		Change Addition
NAME	YANNOTTA, GERALD 11390 WOODCHUCK DRIVE		22 NAME		
\$TREEL ADORESS	BOCA RATON FL		2.3 STREET ADDRESS	:1	
CITY-SI-ZIP TRILE	BOOKIVIONIE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	Ì	•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP	······································	
HTLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TIFLE		LI DELLE	6.1 TITLE		
NAME	1		6.2 NAME		

14. I do 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 poport 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, Plorida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

CHY-ST-ZIP

0293200

FILED

May 01 1997 8:00am

Secretary of State