FOR PROFIT CORPORATION

FAX NO. :954-474-8856

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91892 039 ***150.00

954-989-4700

		SS REPORT	(UBR	<u>)</u>		
DOCUMENT !	# 1010001	08870				
1. Entity Name	Annal & C	MU OUT	a		,	
DAMINON I	BARROW & ST					
	and de campe constituent de constituent de				,	
no u	OT WESTE	IN THIS S				•
2. Principal Place of	Principal Place of Business . 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·
3700 WA	WASHINGTON ST 3700 WASHINGTON ST					
		Suite, Apt. #, etc.	C.		DO NOT WRITE IN THIS SPACE	
City & State	PL	City & State	PL		4. FEI Number	Applied For
17004 2000	Country	HOLLYWOOD,		untry	65-1153748	- Not Applicable
Zip33021	usa _	33021		is A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Nan	ne and Address of Current Reg	
		Name		MON, EARL		
	RITE	3	Street Addr	App it 'A' nov trattibet is tiot VP	ceptable)	
IN THIS SPA			ACE	_ 370	O WASHINGTON S	<u> </u>
				#5	bo	
				City	WOOD FL	Zip Code
				anging its regis	tered office or registered agent,	
State of Florida, I	am familiar with, and	accept the obligations	of regis	tered agent.	and the second s	egiste i interes
SIGNATURE			, ,			مد مداه موجود با بسود
Signatu Signatura (1888)	ro, typed of printed hame of	registered agant and title if :	арріісяою.	(NOTE: Regist	ored Agent algoriture required when rolnsts	ating) DATE
After May 1, Fee 19 \$550.00					9. Election Campaign Financing	\$5,00 May Be
Ament Make Check Payeble	dod UBR is \$61.25 • to Florida Departm	ent of State			Trust Fund Contribution.	Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	9-animum	คองค์ โรยอย่างประการสักษ์ โรยอย่างปลายรถเลยเล่น	enervious see autoposition
TITLE NAME	BALLON, EA	ar 5	TIT			
STREET ADDRESS	Howywood	RE 33021) st	REET ADDRESS		
CITY-ST-ZIP TITLE:	MILLY(DOOD	70 35021	CII	Y-ST-ZIP		
NAME			NA	VIE		
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST ZIP		
TITLE			TIT	LE .		
NAME STREET ADDRESS			NA ST	VE REET ADDRESS		
CITY-ST-ZIP			Cit	Y-ST-ZIP		
TITLE			TIT		INTERS	PACE
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE NAME			TIT			
STREET ADDRESS				REET ADDRESS	3	
CITY-ST-ZIP			CIT	Y-ST-ZIP.		
NAME			NA	VIE		
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP		
2. I hereby certify that t	he information supplied	with this filing does not q	ualify for	the exemption s	tated in Section 119.07(3)(i), Florida	Statutes. I further
s if made under cat	lation indicated on this r th: that I am an officer or	eport or supplemental re director of the corporation	port is tru on or the	ie and accurate : receiver or truste	and that my signature shall have the se empowered to execute this report	same legal effect
A	A1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					se required by

ites; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered,