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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P9300000413 (3)

DOCUMENT #

1. Corporation Name S & T, INC.



- •	rincipal Place of Business		Mailing Address						
320 N.E. 15TH			320 N.E. 15TH COURT						
FORT LAUDERDALE FL 33304		F	FORT LAUDERDALE FL 33304			3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995			
			Mailing Address			4. FEI Number			olied For
Principal Place of Business			2a, Mailing Address			65-0383825 Not Applicab			
		26	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, 6	etc.	27	Otho, ran in ord			5. Gerti Idate of Blands Book of		Fee Re	quirea
		** .! .	City & State			6. Election Campaign Financing		\$5.00	-
City & State		28	4,			Trust Fund Contribution		Added to	
7.	Country	 1	2 ₁ p	Countr		8. This corporation has liability for	intangible tax	cunders 18	99.032,
Zip	25	29		30		Florida Statutes	No No	nent .	
	9. Name and Address of Curr	rent Regis	stered Agent		T	10. Name and Address of New P	negistered P	gont	
				81					
LIAVIAN C	TEVE			83	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
HAKIMI, STEVE 3320 N.E. 15TH COURT					<u></u>				
FORT LAUDERDALE FL 33304					3				
rom blo	ADDITIONAL I E COST.			8	4 City		FL	85 Zip	Code
					<u> </u>	pration submits this statement for the po and of directors. I hereby accept the app	- of pho	naina its rea	aistered offic
or registered familiar with	d agent, or both, in the State of F , and accept the obligations of, S	dorida. Suc Section 607	.0505, Florida Statute	25			DAIC		
GNATURE	gradue typos de protochades et eigen o da	agertaratite.			point segment at an recipion	ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
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	<i>V</i>]				
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Profide Statutes, includes 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 cath, 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 attachmost with an address.

SIGNATURE:

SIGNATURE AND WPED OR PRINTED NAME OF EXIGNIS OFFICEBOR DIRECTOR