## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>P930</b> SH CORP.	00020784 (3	3)		I TOUTHOUT NO FIRM DIKE BEIN DURIN BOW DOWN BEIN	ATOU ATOU TREET AND AND AND HAD
Principal Place	of Business	Marillon Address				./4## <b>0</b>   ##   <b>##10</b>   ####   ##  ##
·		Mailing Address	_			
6147 9TH AVE CIR NE 6147 9TH AV STE - 6 BRADENTON			_			
BRADENTON	I FL 34202	US	_		3. Date Incorporated or Qualified 3a. Da	
US						te of Last Report 03/24/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0395806	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible	
24	25	29	30		Florida Statutes XYes No	
	9. Name and Address of Cur	rent Registered Agent	В	1 Namo	10. Name and Address of New Registered	Agent
GARDI, LES				1		
7061 S TAMIAMI TRAIL SUITE 110			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)	
				3		
SARASC	OTA FL 34231			4 Gity		
			1	1	FI pration submits this statement for the purpose of ch	85 Zip Code
SIGNATURE	Signature, typical or printed manue of registered a		OTE: Registered Ag	ont signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME	ELES, GYULA	[] DELETE	1. 1 TITLE		Change Addition	
STREET ADORESS	4526 26TH ST W		1.2 NAMI	ET ADDRESS		
CITY ST 21° BRADENTON FL 34206				- ST-ZIP		
TIT_E		☐ DEFELE	2 1 THE			Change Addition
NAMic			2.2 NAME	Ε		
STHEET ADDRESS			23 STRE	ET ADDRESS		
CPM-ST-7P		TT DELETE	2 4 CITY-			F3.00
NAME			3 1 TITLE 3 2 NAME			Change Addition
STREET ADDRESS				ET ADDRESS		
C-TY+ST+7i-2			3 4 CITY -			
T TEF	☐ DELETE		4. 1 THELE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ET ADDRESS		
COLY ST-ZIP TITLE	P. D. Fre		4.4 CITY-			D 4
NAME			5 1 TITLE 5 2 NAME			Change  Addition
STREET ADORESS				ET ADDRESS		
Offy-St-2#			5.4 CITY			
TILE		☐ DELETE	6 1 TITLE			Change Addition
NAMI			6 2 NAME			
STREET ADDRESS				ET ADDRESS		;
017Y-S1-ZIP   14. I do hereby	L	<b>Ow</b> ith this filma is voluntarily five	6 4 City -	es not qualify f	for the exemption stated in Section 119.07(3)(k), Fig.	orida Ctatutan 14 inhas
Certify trian	THE INTERIOR DATE OF THE PROPERTY OF THE PROPE	inual report or supplemental and	ı⊪lal recoort is ti	rue and accura	for the exemption stated in Section 119.07(3)(k), Fig ate and that my signature shall have the same legal is report as required by Chapter 607, Florida Statu	official on if minds under

SIGNATURE:

SIGNATURE AND THE ON PHINTED NAME OF CIONING OFFICER OR MRECTOR

941 925-2099

CR2E034 (12/95)