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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P93000023497 (9)

DOCUMENT # P93000023

| RUSTO | OM & SONS, INC. | • | , | I DOGUĐA: NA 1818A JAHA ADJAR ADA | il a (| il eda diki aldıd | 1 1 0)] 1 22 (160) |
|---|---|--|--|---|---------------|------------------------------|-----------------------------------|
| Principal Place | e of Business | Mailing Address | ······ | | | | |
| 75 NORTH CONGRESS AVE. 75 NORTH CONGRESS A DELRAY BEACH FL 33445 DELRAY BEACH FL 3344 | | | | | | | |
| 9 Principal D | | T 2000000 | <u></u> | 3. Date Incorporated or Qualified 03/30/1993 | | te of Last Rep 08/30/1995 | |
| 21 Principal Ps | ace of Business | 2a. Mainig Address 26 | | 4. FEI Number | • | F | oplied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 65-0085771 | | | ot Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | 3 | Oily & State | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | 28 | | Trust Fund Contribution | | Added | |
| Ζ _I ρ 24 | Country 25 | Ζφ | Country | 8. This corporation has liability for | | ax under s 1 | 99 032 |
| | 9. Name and Address of Cu | irrent Begistered Agent | 30 | | □ No | | |
| | | · · · · · · · · · · · · · · · · · · · | 81 Name | 10. Name and Address of New R | legisterea | Agent | |
| RUSTON | A. AMER | | | | | | |
| | ONGRESS AVE | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | ole; | | |
| | BCH FL 33445 | | 83 | | | | |
| - | | | ļ <u>.</u> | | | | |
| | | | 84 | | FL | 85 Zp (| |
| 11. Pursuant t | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statute | es, the above han ed corpo | ration submits this statement for the pur | | ancinc its rec | istared office |
| or registeri famil ar wit | ed agent, or both, in the State or r th, and accept the obligations of S | Flor du : Such change was authoriza Section 607.0605, Florida Statutes | ed by the corpor mon's boa | ration submits this statement for the pur ard of directors. I nereby accept the appo | pose of an | registered a | gent Lam |
| SIGNATURE | | and the state of the second se | | | | | |
| - | Skipature, typiech or tourbed merce or negotion is | | ளி நிழுகளிலுள் தூர் காரும் | | DATE | | |
| 12. | T | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | ICERS AND | DIRECTORS | S IN 12 |
| TITLE | DPST | DEFETE | 1 111'LF | | | Change | Addition |
| NAME CTUCLE ADDOCCO | RUSTOM, AMER 75 N. CONGRESS AVE. | | 1.2 NAME | | | | , |
| STREET ADDRESS | DELRAY BEACH FL 33445 | • | 1.3 STREET ACORESS | | | | |
| CITY - ST - ZIP TITLE | DELINAT DEMON PL 33443 | DELETE | 1.4 C(T) -S1 -,4 | | | ···· | |
| NAME | | [] vert it | 2 1 1111.5 | | | Change | Addition |
| STREET ADDRESS | | | 2.2 NAME | | | | |
| CiTY-ST-ZIP | | | 2.3 STREET ADD-IESS | | | | |
| TITLE | | FIDELETE | 24 0 (17 - ST - 7 ii 3 1 1 (1) [| | - | | |
| NAME | | | 3 2 NAM5 | | L | Change[| Addition |
| STREET ADDRESS | | | 3.3 STREET ACTURESS | | | | |
| CITY-ST-ZIF | | | SIGNATURE SECOND | | | | |
| TITLE | | | 34 City Storie | | | | - A440 |
| NAME | | ☐ DELETE | 3 4 CHY St 28 | | | T Change I | |
| STREET ADDRESS | | ☐ DELETE | 4 1 TITLE | | Ľ | Change[| Addition |
| DITY-ST-ZIP | | ☐ DELETE | 4 1 TIFLE 42 NAME | | C | Change(| Abdilion |
| | | ☐ DELETE | 4 1 TIFLE 42 NAME 43 STREET ADDESS | | <u> </u> | Change [| |
| TOTLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 4 1 TIFLE 42 NAME | | | · | |
| | | | 4 1 TITLE 4 2 NAM 4 3 STREET ACCHESS 4 4 CHY ST 25 | | | | Addition Addition |
| TOTLE | • | | 4 1 TITLE 4 2 NAME 4 3 STREET ADDESS 4 4 GITY-ST-24 5 1 TILE | | | · | |
| TITLE NAME STREEL ADDRESS CITY-ST-ZIP | | | 4 1 TITLE 4 2 NAM 4 3 STREET AD 3: FSS 4 4 City - ST 2:5 5 1 TITLE 5 2 NAME | | | · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 4 1 TITLE 42 NAM 4 1 STREE* AD HISS 44 CHY-ST 24 5 1 TILE 52 NAME 5 3 STREET AD HESS | | С | _] Change _[| |
| TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME | | OE1 ETE | 4 1 TITLE 4 2 NAME 4 3 STREET AD 3 CSS 4 4 CH 3 - ST 2 C 5 1 TITLE 5 2 NAME 5 3 STREET AD 3 ESS 5 4 CH 3 - ST 2 CF | | С | _] Change _[| Addit-on |
| TITLE NAME STREEL ADDRESS CITY - ST-ZIP TITLE | | OE1 ETE | 4 1 TITLE 42 NAM 4 3 STREET ADDESS 44 CHTY-ST-24 5 1 TITLE 52 NAME 5 3 STREET ADDESS 54 CHTY-ST-24 6 1 TITLE | | С | _] Change _[| Addit-on |

• I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated on this annual report or supplierrental 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 this receiver or trusted 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 advantage with an address.

SIGNATURE:

THE MAN PARTY HANNES NAME OF SIGNING OFFICER OR DIRECTOR

May 31 96 452/10114