## 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

DOCUMENT # P93000031786 (5)
1. Corporation Name

C.G. DF	NYWALL, INC.								
Principal Place of Business Mailing Address						) (621/421-446 (6/64 )(4/1 ARIM BAIL	-4:** -4:55 ****	101- 1045/	
1160 S.W. 50TH AVE. 1160 S.W. 50TH AVE. FT. LAUDERDALE FL 33117 FT. LAUDERDALE FL 33117			3117						
						3. Date Incorporated or Qualified 04/30/1993	3a. Date 05	/01/199	5
2. Principal Plac	ce of Business	2a. Mailing Address		,		4, FEI Number 65-0405754		1-1-	pplied For lot Applicable
21		Suite, Apt. #, etc.							Additional
Suite, Apt. # 22	, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired			lequired
City & State		City & State				6. Election Campaign Financing			May Be
23		28	<del></del>			Trust Fund Contribution  8. This corporation has liability for			100 Fees
Zip ·	Country	Zip	30 Cou	intry		8. This corporation has liability for Florida Statutes	Intangible tax □ No	, under S	189.002,
24	9. Name and Address of Curre	29 29 Agent	130			10. Name and Address of New I		gent	
	9. Name and Address of Curre	int riogistores rigeria		81	Name				
GUADAGNO, CARL				82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	V. 50TH AVE.								
	ERDALE FL 33117			83					
				84	City		FL	85 Zip	Code
or registere familiar with	the provisions of Sections 807.05t ded agent, or both, in the State of Flo n, and accept the obligations of, Se Signature, typod or printed name of registered age	ction 607.0505, Florida Statutes	S.	согро	oration's board	tion submits this statement for the put d of directors. I hereby accept the app	DATE	registered	agent. I am
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
10.E	D	☐ DELETE	1. 1 1	TITLE				] Change	Addition
NAME	GUADAGNO, CARL		1.2 N	IAME					
STREET ADDRESS	1160 S.W. 50TH AVE.				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33117	[7] DELETE	2.1	TITLE	T-ZIP		r	7 Change	Addition
TITLE				NAME	ļ		-	_	<del></del>
NAME 010001 ADDDOGG					ADDRESS				
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NAME				NAME					
STREET ADDRESS					ADDRESS				
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TITLE		DELETE		TITLE NAME	ļ		1		_
NAME					ADDRESS				
STREET ADORESS				City-5	1				
CITY - ST - ZIP	l		0.4	OH T- S	21 EM	or the exemption stated in Section 11	0.07/2V/L) FI	vida Statu	rtes I further

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 cartify 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 3 ock 13 if changed or on an attachment with an address.

SIGNATURE: Y (

QNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

April 25-94 9545830278