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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DE PARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P93000043611 (1)

660 WEST HALLANDALE, INC.



Principal Place of Business		Mailing Address			i addinedi ang ngigo ating bejut be	sir mante Basel Arabit (1919	#1101 (188) 1581 (98)
660 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009		660 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009					
9. Pring not Di	ace of Business				3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last F 01/24/	
21 Principal Pa	ace or Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt	t eto	26			65-0419069		Not Applicable
22		Suite, Apt. #, etc			5. Cert ficate of Status Desired		5 Additional Required
City & State		Oty & State			Election Campaign Financing Trust Fund Contribution		May Be
Zφ	Country	Ziρ	Gountry		8. This corporation has liability for in	tangible tax under s	199 032
24	[25]	29	30		Florida Statutes 🔀 Yes	□No	. 50.002,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
55444			81	Name			
	SY, JULIUS D		82	Street Address	(P.O. Box Number is Not Acceptable	e)	
16410 NE 10TH AVE.							
NURIF	1 MIAMI BEACH FL 33162		83				
			84	City		ae 7:	n Code
11 Durawant to	the services of Co. Co.		1 1	•			p Code
or registere	o the provisions of Sections 507.056 ed agent, or both, in the State of Fig	02 and 607.1508, Fiorida Stati réda: Such change was author	ites, the above har	med corporation	n submits this statement for the purp f directors. Thereby accept the appoin	ose of changing its r	egistered office
	 and accept the obligations of Co. 	ation 607 0605, Under Come	ne con my the desipor	anon s board o	directors, thereby accept the appoil	ntment as registered	lagent. Lam
ramiliar with	i, and accept the obligations of Se	seon oor topos, nonda Statute	23				
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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 appears in Block 12 or Block 13 if ghanged, or en an attachment with an address. an attachment with an address.

SIGNATURE:

TINTED NAME OF STORING OFFICER OR DIRECTOR JOEL RATZ 4-15-96 954-456-3354