FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

I TORESONE ME CREEK MAEN ARME BOARD BOARD BOARD BOARD MAEN AND BOARD BOARD BOARD BOARD BOARD BOARD BOARD BOARD

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062367** (6)

213 A1A CORP.

Dispring Place of Business		Mailing Address				
Principal Place of Business Mailing Address 1411 S.W. 31ST AVE. POMPANO BEACH FL 33069 POMPANO BEACH			AVE.			
					3. Date incorporated or Qualified 09/07/1993	3a. Date of Last Report 07/10/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 211 S.Atlantic	Blvd.	26			65-0434370	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	-	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Fort Lauderdale	_z FL ²	Zip	Country		Trust Fund Contribution	Added to Fees
Zip Count 24 33316 25	´ -		30		8. This corporation has liability for i	ntangible lax under s. 199.032, Yes No
24 3 3 3 1 6 25 9. Name and Address		29 adstered Agent	[30]		10. Name and Address of New Re	
MINIACI, ALBERT J	CON OUT CONT THE	giotorou rigorit	81	Name	10.	
1411 S.W. 31ST AVE.						
POMPANO BEACH FL 33069			82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)
POMPANO DESCRITE S	3003		83			
			84	City		FL 85 Zip Code
office or registered agent, or bot agent. I am familiar with, and acc	h, in the State of F cept the obligation	lorida. Such change was is of, Section 607.0505, F	s authorized b Florida Statute	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
Signature, typed or printed nan	DEFICERS AND DI		13.	en: signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE VS	DEFICENS AND DE	DELETE	1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME MINIACI, ALBERT	J	<u></u>	1.2 NAME	ļ		
STREET ADDRESS 1411 S.W. 31 AVE			1.3 STREE	ADDRESS		
CITY-ST-ZIP POMPANO BEACH			1.4 CITY - 5			33069
TITLE P		DELETE	2.1 TITLE			Change Addition
NAME MORRISON, RON			2.2 NAME			
STREET ADDRESS 213 SOUTH ATLAI	NTIC BOULEVAR	RD	2.3 STREE	ADDRESS		
CITY-ST-ZIP FORT LAUDERDAL	.E FL		2. 4 CITY -	ST-ZIP		33316
THILE		☐ DELETE	3.1 TITLE		•	Change 🔀 Addition
NAME MORRISON, SUSA			3.2 NAME			
STREET ADDRESS 213 SOUTH ATLAI		RD	3.3 STREE	ADORESS		
CITY-ST-ZIP FORT LAUDERDAL	£ FL		3.4. CITY -	ST-2IP		33316
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY - S	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
SYREET ADORESS			5.3 STREE	ADDRESS		
City - St - ZiP			5.4 CITY - S	ST-ZIP		
THTLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
SYREET ADDRESS			6.3 STREE	ADDRESS		

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 oath, 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 and that my name address in Block 12 or Block 13 and that my name address is addressed in the same legal effect as if made under oath, that I am address is required by Chapter 607, Florida Statutes; and that my name