PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000012291
1 Corporation Name	

i i. Corporazion	MENT # P94000 ORKS, CO.	01	2291						iden parder Italian		
Principal Place	e of Rusiness	۸.	failing Address					BOILD COINT I	ISTR MAIN II	ATT INTELLEMENT	
			DOI NAV 55TH COURT								
2801 NW 55TH COURT 2801 NW 55TH COURT #7E					50 NOT WEITE	IN THE	65465				
FT, LAUDERDA	LE FL 33309	F	t. Lauderdale fl 3330	9			DO NOT WRITE	פוחו או	SPACE		٦
							3. Date Incorporated or Qualifed 02/11/1994				
2 Principal Di	lace of Business	1 23	. Mailing Address				4. FEI Number			Applied For	1
_	Ide Di Dusilless	26	i. maning radiood				65-0198491			Not Applicable	1
Suite, Apt.	#. etc.	120	Suite, Apt. #, etc.						\$8.75	Additional	7
22		27					5. Certifcate of Status Desired		Fee	Required	_
City & State		-[-	City & State			عيد ب	-6, Election Campaign Financing -	n n		O Mäy Be	-
23		28					Trust Fund Contribution	<u> </u>		d to Fees	4
Zîp	Country	_ -	Zip	- نتقد ر 🗂	intry		8. This corporation owes the currer	t year inta	ngible ☐ Yes		
24		25 29 30		30	ť		Personal Property Tax. 10. Name and Address of New Re	alstered A			-
	9. Name and Address of Curren	t Kegi	stered Agent		81	Name	10. Italia alki Addida di itali		-80.	· · · · · · · · · · · · · · · · · · ·	7
BEN	EDETTO, GREGORY L.						·				4
	NW 55TH COURT				82	Street Add	dress (P.O. Box Number is Not Acceptable	(e)			1
#7E					83						7
FT. I	LAUDERDALE FL 33309				L				Table 3	- 0	-
					84	City		FL	85 Zi	p Code	1
11. Pursuant office or reagent. I as	to the provisions of Sections 607,050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and tof Flori ions o	607,1508, Florida Statut ida. Such change was a f, Section 607.0505, Flo	es, the a uthorized rida Stat	bove d by tutes	e-named cor the corporat	poration submits this statement for the pi ion's board of directors, I hereby accept	irpose of d the appoin	changing itment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent				Agen	it eignature requi	ed when reinstaking)	DATE			- ⊊
12.	OFFICERS AN	D DIR		13.		·····	ADDITIONS/CHANGES TO OFF	JERS ANI	D DIREC		R2E034 (11/98)
TITLE	VP		☐ DELETE	1,1 11					☐ NIESS		. =
NAME	BENEDETTO, MARIANNE			1.2 N							8
STREET ADORESS	2801 NW 55TH COURT					ADDRESS					1 5
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		☐ DELETÉ		TY-S	1-20			Chang	e Addition	
TITLE	BENEDETTO, GREGORY L.		_ OLLEN		2.1 TITLE 2.2 NAME						
NAME	AAAA ARM COTH AAHAT DEC					ADDRESS					
STREET ADDRESS	FT LAUDERDALE FL 33309				my s	· ·				•	J
TITLE	I I CHORLIDATE LE 0009		DELETE	3.1 π					Chang	a Addition	ર્ન
NAME				3.2 N	AME			•			
STREET ADDRESS				33 \$	TREET	ADDRESS					
CTTY-ST-ZIP				3.4 C	ITY-S	T-ZIP					╛
TITLE			DELETE-	-4.i Ti	TE -				- 🗀 Chang	e [] Addition	1.
NAME	Ì			4.2N	AME						
STREET ADDRESS				435	TREET	ADDRESS					1
CITY-ST-ZIP					TY-S	T-ZIP	<u> </u>				4
TITLE			☐ DELETE	51 π			•		☐ Chang	e Addition	'
NAME				52 N			· .				Ì
STREET ADDRESS						ADDRESS					{
CITY-ST-ZIP			Doct CTC	5.4 C	TY-5	1-20-			Chang	e Addition	Η.
TMLE			☐ DELETE	6.2 N						- CANDIBO	Ί.
NAME				1		ADDRESS					

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 each; that I am an officer or director of the corporation or the reference empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an exercise with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90046 003 ***150.00