FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	RPORATION JAL REPORT 1996		DIVI	Sandra B. Secretary ISION OF CC	of State	NS				
DOCU 1. Corporatio	MENT # n Name	P9400	002925	7 (0))					
BALL	IN CORPORATIO	N, INC.					1 # 3 (10 3 8 10 8 6 10 8	III AANA KALE IDII	i 11 11 1 i 1111 i 1 11 1 i 1111
Principal Place	e of Business	 	Mailing Addres	s						
6641 N.W. 23RD STREET MARGATE FL 33063			6641 N.W. 23RD STREET MARGATE FL 33063							
							3. Date incorporated or Or 04/18/1994	ualified 3	a. Date of Last	
<u> </u>	lace of Business		2a. Mailing Add	Iress	• • • • • • • • • • • • • • • • • • • •		4, FEI Number	J		Applied For
Suite, Apt.	# ato		Suite, Apt.	# oto			65-0487121			Not Applicable
22	₩, Θ (O.		27 Suite, Apr. 1	#, etc.			5. Certificate of Status Des	sired [75 Additional e Required
City & State	0		City & State)			Election Campaign Final Trust Fund Contribution		¬ \$5.	00 May Be
Zip	Count	try	Zip		Country		8. This corporation has liat		ngible tax under	
24	25 9. Name and Adda	ess of Current	29 Begistered Agent	3	0]		Florida Statutes 10. Name and Address of	Yes [
	a, Italiio bila Addi	cas or concin	nogratered Agent	•	81	Name	IU. Name and Addiess of	I Man Maßi	stereo wgent	
BALLI	N, MARK				62	Stroot Add	dress (P.O. Box Number is Not A	(ccentable)		· - · · · · · · · · · · · · · · · · · ·
					1021	Oliool Muu	11822 (1.0. DOV 140111001 12 1401 V	(Coptable)		
	NW 23RD ST.									
	NW 23RD ST. IATE FL 33063				В3					
						City			FL 85	Zip Code
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14. 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)(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 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 if changed, or on an attachment with an oddress.

63 STREET ADDRESS 64 CHTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

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