## 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

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DOCUI 1. Gorporation	MENT # P940	)00060731 ( <sub>1</sub>	4)			
CALL	MART, INC.				BRAN BRAN BUNN BRAN IRI	
Principal Place	of Business	Mailing Address			<b>88</b> /4 <b>88</b> /18 <b>8</b> /11 <b>88</b> /11 <b>18</b>	
350 SW 12TH AVE DEERFIELD BEACH FL 33442		350 SW 12TH AVE DEERFIELD BEACH	FL 33442			
				3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last F 05/01/19	'
' ' '	ane of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite Apt	n etc	26   Suite, Apt. #, etc.		65-0523370		Not Applicable
22	~, eu.	27		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.C	00 May Be ed to Fees
Ζφ <b>24</b> ]	Country [25]	Δφ <b>29</b>	Country 30	8. This corporation has liability for a Florida Statutes Yes	□N≎	199.032,
	9. Name and Address of Cu	irrent Registered Agent	nal a	10. Name and Address of New R	egistered Agent	
MDALO	FR. 40E0 (1)0		B1 Name			
	ERVICES, INC. PARK AVE.		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
	IASSEE FL 32301		83			
	WHOSEE I'E GEGGT		84 City		Tag I s	
			84 City		FL 85 Z	'ıp Code
11. Parsuant ( or register familiar wi	to the provisions of Sections 607.0 red agent, or both, in the State of th, and accept the obligations of, i	0502 and 607.1508, Florida Stat Florida: Such change was autho Section 607.0505, Florida Statut	ites, the above-named corp rized by the corporation's bo es.	oration submits this statement for the pur pard of directors. Thereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
SIGNATURE		· · · · ·				
	Signative typed to printed name at regelees.)  OFFICERS	S AND DIRECTORS	LOTE Registered Agent signature requi ■ 13.	#650 when rendarings ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTO	ORS IN 12
The	D	DECETE	1 1 TITLE		Change	
NAM!	GOLAN, MORDECHAI		1.2 NAME			;
STHEET ALMHESS	350 SW 12TH AVE		1.3 STHEET ADDRESS			ļ,
C(1) - \$1 - 7.6	DEERFIELD BEACH FL 3		1.4 CP3Y - S3 - ZIP			
114	D AVDAC MENDEDCO	☐ DELETE	2 1 11/1.6		Change	Addition S
NAME CONTRACTOR	AKDAG, MENDERES 350 SW 12TH AVE		? 2 NAME			
STREET AGORESS	DEERFIELD BEACH FL 3	3442	2 3 STREET ADDRESS			
CFT St 7F THUS	VENUELU DENOTTE S	DELFTE	2.4 C/TY - ST - Z/P 3.1 T/JT-EF		Change	Addition
NAME	1		3.2 NAME		<u> </u>	
STREET ADDRESS			3.3 STREET ADDRESS			
C(* S) 7(2			3.4 CITY ST-ZIP			
H'uE		☐ DELETE	4 1 TITLE		☐ Change	Addition
MAME			4.2 NAME			
STRUET ADDRESS			4.3 STREET ADDRESS			
CTY-SI-7F		C Dalett	4.4 CHY - ST-ZIP		m ^	
Tritt		☐ DELETE	5 1 TIPLE		Change	Addition
NAME STREET ADDRESS			5.2 NAME			
			5.3 STREET ADDRESS			
_CHT-\$1,78 BOOK		DELETÉ	5.4 CITY - \$1 - 21P 6.1 TITLE		Change	Addition
NAMe			6 2 NAME		La orange	
STREET AUDRESS			6.3 STREET ADDRESS			
CONTRACTOR			6.4 CiTY ST-ZIP			
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Ltd. hereby certry 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 certry 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 cath, 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 305-421-5800 Daybre-Frome #