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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079459 (1)

PYGMALION, INC.

Jan 28 1997 8:00am
Secretary of State

Suite. Apt. 22 City & State	ROAD FL 33021 lace of Business #. etc.	Mailing Address 5832 STIRLING ROAD #17 HOLLYWOOD FL 33021-1527 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		3. Date Incorporated or Qualified 10/27/1994 4. FEI Number 65-0535396 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be				
23 Ζιρ	Country	28	Count	ry	Trust Fund Contribution	r intensible		10 Fees
24	25	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	legistered	Agent	
HOROWITZ, JAN 5832 STIRLING ROAD #17 HOLLYWOOD FL 33021			8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)			
			8	4 City		FL	85 Zip	Code
SIGNATURE.	egistered agent, or both, in the State in fam hav with, and accept the oblig Signature typed or polled have of registered ag	e of Florida. Such change way pations of, Section 607.0505, i pent and tice it applicable (N	s authorized Florida Statut OTE: Registered A	by the corporates.	poration submits this statement for the tion's board of directors. I hereby accurate when reinstating)	purpose of cept the app	pointment as	registered
12.	OFFICERS AN	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	KATZ, JODY 5832 STIRLING ROAD HOLLYWOOD FL 33021		1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	E ET ADDRESS			Change	Addition
TITLE NAME SURBET ADDRESS CITY-ST-ZIP	MARZ JAN 5832 STIRLING ROAD HOLLYWOOD FL 33021	DELETE	2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	E Et address			Change	Add#ion
TITLE NAME STREET ADDRESS CITY ST-ZIF		DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY	E Et address			☐ Change	Addition
TITLE NAME STREET ADDRESS COTT: ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS City+ST-Zip] DELETE	5.1 TITLE 5.2 NAMI	E et adoress			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAMI	E ET ADDRESS			Change	Addition

14. I do 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 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 address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone