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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084578 (1)

CARGOR II, INC.

FILED Apr 23 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Addr	ess				I MAINT IBIU AM		
4410 74TH AVE. EAST SARASOTA FL 34243		4410 74TH AV	4410 74TH AVE. EAST SARASOTA FL 34243-5120						
SARASOTA FO	. (724)	UNINGOTA TE	. 01210 0120			Date Incorporated or Qualified 11/15/1994		of Last R 0/1996	eport
2. Principal F	Place of Business	2a, Mailing A	ddress			4. FEI Number			plied For
21		26				65-0548418		No	t Applicable
Suite Apt 22	t.# etc	Suite, Apt	l. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	
City & Sta	al ()	City & Sta	ite			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	lo Fees
Zιρ	Country	Zip]_	Country	'	B. This corporation has liability for i			199.032,
24	25	29		30			Yes 🗌		
	9. Name and Address of (Current Registered Age	<u>nt</u>			10. Name and Address of New Re	gistered A	gent	
BEF	RUFF, CARLOS M			81	Name				
	0 74TH AVE. EAST RASOTA FL 34243		82 5		Street Ac	ddress (P.O. Box Number is Not Acceptab	ole)	*****	
				B3					1
				04	0.5.			0.7 7:-	O-do
				84	City		FL	85 Zip	Code
office or	registered agent, or both, in the	e State of Florida. Such cl	hange was au	ido Etatuto	, me corpo				
office or agent 1: SIGNATURE	to the provisions of Sections 6 registered agent, or both, in the am familiar with and accept the Signature, typed or printed name of regis					quired when reinstating)	DATE	— <u> </u>	
	Sup-altare, typed or printed name of region						DATE		
SIGNATURE	Sup-altare, typed or printed name of region	dured agent and title if applicable.		Registered Age		iquired when reinstating)	DATE CERS AND I		S IN 12
SIGNATURE	Signature, typed or printed name of region OFFICE S BERUFF, CARLOS M	dured agent and title if applicable.	(NOTE:	Flogistered Age		iquired when reinstating)	DATE CERS AND I	DIRECTOR	S IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of region OFFICE S BERUFF, CARLOS M 4476 ASCOT CIRCLE N	dured agent and title if applicable.	(NOTE:	Hogistered Age	eni signature re	iquired when reinstating)	DATE CERS AND I	DIRECTOR	S IN 12
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Information includated on this ancidar report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under our land 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: