SECOND NOTICE: CORPORATION WILL BE DISSOLVED UN OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

FILED

Aug 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

21 26 3000-1/N.W. 25 th Avc 65-0543557 No. Suite, Apt. #, etc. 22 5 Suite, Apt. #, etc. 23 City & State City & State City & State 28 6 M A No B A C # A C # A C Country 29 Country 20 Country 20 Country 21 Country 22 Personal Property Tax due June 30. 31 Name and Address of Current Registered Agent DE MENDOZA, III, MARIO G ESQ.	eport plied For Additional equired May Be o Fees
300-11 N.W. 25TH AVE SIXTH FLOOR POMPANO BEACH FL 33069 US 251 ROYAL PALM WAY. #602 PALM BEACH FL 33480 US 26 3000-11 N.W. 25Th Avc Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 I Mailing Address City & State City & State 28 I MAIN Avc Suite, Apt. #, etc. 29 28 I MAIN Avc City & State 29 33069 Country 29 33069 Name and Address of Current Registered Agent DE MENDOZA, All, MARIO G ESO. MENDOZA, CALLAS & SCHILLING BENDOZA, BILLING BENDO	eport plied For It Applicable Additional quired May Be o Fees angible
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2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Certificate of Status Desired 2c. Election Campaign Financing 2c. Trust Fund Contribution 2c. Ce	plied For ht Applicable Additional quired May Be o Fees angible
21 26 3000-1/N.W. 25 th Avc 65-0543557 No. Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 City & State City & State 28 OMPANO BBACH FL Country Zip Country 29 39069 30 US 8. This corporation owes or has paid the current year Interpretation of the personal Property Tax due June 30. Set Yes 9. Name and Address of Current Registered Agent DE MENDOZA, III, MARIO G ESQ.	t Applicable Additional quired May Be o Fees angible
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Zip Country Zip Country 8. This corporation owes or has paid the current year Int. 24 25 29 3 9 0 6 9 30 U S Personal Property Tax due June 30. Styles C 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE MENDOZA, III, MARIO G ESQ.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE MENDOZA, III, MARIO G ESQ. B1 Name	J No
DE MENDOZA, III, MARIO G ESQ. 81 Name	
251 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable)	
SIXTH FLOOR PAIM REACH EL 22480	
TALM BLACHTIC 55400	
84 City FL 85 Zip (>ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	s registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	-ogistoreo
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE PD DELETE 1.1 TITLE Change NAME TUSCANO, JAMES J. JR. 1.2 NAME	Addition
NAME TUSCANO, JAMES J. JK. STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR 1.3 STREET ADDRESS .	
CITY-ST-ZIP PALM BEACH FL 1.4 CITY-ST-ZIP	
TIFLE S DELETE 21 TIFLE Change	Addition
NAME TUSCANO, JAMES J. SR. 2.2 NAME STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL 2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL 2.4 CITY-ST-ZIP	
TITLE TD DELETE 3.1 TITLE Change	Addition
NAME AMALFITANO, MICHAEL L. 32 NAME	نہ
STREET ADDRESS CHY-ST-ZIP 251 ROYAL PALM WAY, 6TH FL 3.3 STREET ADDRESS PALM BEACH FL 3.4 CHY-S1-ZIP	
######################################	Addition
NAME 4.2 NAME	
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CITY-ST-ZIP 4.4 CITY-ST-ZIP THLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
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CITY-S1-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change	Addition
TITLE L DELETE 6.1 TITLE L Change	☐ VOIIION
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	,
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 information indicated on this annun-report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made until am an officer or director of the condition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my n appears in Block 12 or Block 13/if changed, or on an attachment with an address.	he Jer oath; that ame