## 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

1996

P94000091654 (1) **DOCUMENT #** 

**SIGNATURE:** 

C'EST	LA TEE, INC.				
Principal Place of Business Mailing Address  10170 N.W. 24TH COURT 10170 N.W. 24TH COURT SUNRISE FL 33322 SUNRISE FL 33322					
				Date Incorporated or Qualified     12/19/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. N		2a. Mailing Address 26		4. FEI Number 65-0542681	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 28		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Z <sub>I</sub> p 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes	4Z
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New R	egistered Agent
81   Name   SANFORM   STEPEC					
			1,1,2	Uricise	FL   "   3332 2 1
or registered familiar with SIGNATURE 12.	, and accept the obligations of, Section of the street agent	ion 607.0505, Florida Statute ほびんく SAME	zed by the corporation's boss.  OTE: Registered Apart signature req.  13.	poration submits this statement for the pur pard of directors. I hereby accept the appo- and wher renstating: ADDITIONS/CHANGES TO OFFI	DATE 4/8/46
101LF		₩ DELETE	1 1 TITLE	PRES.	Change Addition
1	SIEGEL, VANESSA	III otecie	1 1 11/10	SALLEDON SIECEL	G sharige G Mas den
NAME	10170 N.W. 24TH COURT		1 2 NAME 1 3 STREET ADDRESS	large HILL 3 V Court	
STREET ADDRESS	SUNRISE FL		1.3 STREET ADDRESS	SANFORD SIEGEL 10170 NW ZY COUNT SULVISE FL	
CITY+ST+ZIP TITLE		T DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	s a right, re	Criange Addition
NAME			2 2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CHY-ST-ZIP 3.1 THE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME		<b>L</b>	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 THTLE		Change Addition
NAME		L. Jorech	6.2 NAME		C
1			i		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied	with this filing is voluntarily for	6.4 CITY-ST-ZIP	y for the exemption stated in Section 119.	07/3//kl. Florida Statutes I further
andituthat t	the information Indicated on this ann	ual rapart or europlamental an	roos bos arits at troops level	urate and that my signature shall have the this report as required by Chapter 607, Fk	cama legal offect as if made under