FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000093119 (3)
CHARLES BALLO &	ASSOCIATES, INC.
District Class of Business	Mailing Addition

Principal Place of Business Mailing Address								1 10011004 146 161	 	AHLA BOLLE AOLIN		#1891 1181 # 18 61 18 8 1	
1391 E SAMPLE RD POMPANO BEACH FL 33064				1391 E SAMPLE RD POMPANO BEACH FL 33064									
									Incorporated o		3a. Date	of Last F 04/13/	
2. Principal Pla	ce of Business		2a.	Mailing Address				4. FEI I					Applied For
21			26				65-054483	32			Not Applicable		
Suite, Apt. #	, etc.		27	Suite, Apt. #. etc.				5. Cert	ificate of Status	Desired	₽/		5 Additional Required
City & State			28	City & State					tion Campaign it Fund Contribi	~			00 May Be ed to Fees
Zip	Co				untry		8. This corporation has liability or intangible tax under s					s 199.032,	
24	25		29		30	.			da Statutes	☑ Yes	<u></u>		
	9. Name and Ad	Idress of Current	Regist	tered Agent		ļ		10. Nan	ne and Addres	ss of New I	Registered	Agent	
						B1	Name						
BALLO, CHARLES 1391 E SAMPLE RD					82	Street	Address (P.O. Bo	ddress (P.O. Box Number is Not Acceptable)					
POMPA	NO BEACH FL	33064				83					·		
						84	Crty				FL	85 2	ip Code
or registere	ed agent, or both, in	the State of Florida	Such	7.1508, Flonda Statuti change was authoriz 0505, Florida Statutes	ed by the	ove r	iamed co oration's	orporation submit board of pirecto	ts this statements. Thereby acc	nt for the pu cept the app	rpose of cha pointment as	inging its registere	registered office l id agent I anı
SIGNATURE _	Signature, typied or pented i	name of registered attention	orton has	addian No	OTE: Picastore	d Auer	Lisionorune p	recountry) wheel their statu	ig.		DATE		
12.		OFFICERS AND			13.			ADD	ITIONS/CHANG	GES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	DP			☐ DELETE	1.1	TITLE						Change	Addition
NAME	BALLO, CHA				1.21	NAME		Ì					
STREET ADDRESS						STREE1	ADDRESS						
CITY-ST-ZiP		BEACH FL 33064				CHY-S	T - ZIP	ļ	· 				
TITLE	SEC			☐ DEFELE	2 1	T.TLE		0.44	.		C	Change	Addition
NAME	BAUG, DOLORES			2 2 N				BALLO	, DOLL	okes			
STREET ADDRESS							ADDRESS						
CiTY - ST - ZiP	POMPANO I	SEAUH FL		— 2011111		DITY - S	T - ZiP	 				Change	CT Addition
THLE				☐ DELETE		TITLE.					L	Change	roilibbA 📋
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE			-	DELETE		CITY - S Title	- Zlr	 				7 Change	Addition
NAME				becere		NAME					L		7.03
STREET ADDRESS							ADDRESS						•
CITY-ST-ZIP						CITY-S							
THILE				DELETE		TITLE	1	†				Change	Addition
NAME						NAME					•		
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY - S							
TITLE				DELETE		TIFLE		†				Change	. Addition
NAME					62	NAME							
STREET ADDRESS					6.3	STREET	ADDRESS						
CITY-ST-ZIP					64	011 Y - 9	1 - 71P						
4.4 Lido borobi	codify that the info	mostan supplied w	th this	Ma is val intarily fun	richard and	i dae	e not cur	alify for the even	option stated in	Section 119	0.07/3\(\dagger) Flo	vida Stat	utee I further

rico nerety cerriy mat the information supplied with this large is voluntarily turnished and does not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes. Further certify that the information indicate high this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an office or director in the corporation of 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 of Enanged, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorie #