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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014648 (6)

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1428-A ALTON ROAD 1426-A ALTON ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139								
				3. Date Incorporated or Qualified 02/21/1995		te of Last P 5/1996	łeport	
2. Principal Place of Business	2a. Malling Address			4. FEI Number	1		pplied For	1
21	26			65-0569152			ot Applicable]
Suite, Apt. # etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	City & State			6. Election Campaign Financing			May Be	1
23	28			Trust Fund Contribution			to Fees	
Zip Country	——————————————————————————————————————	Country	1	8. This corporation has liability for in			s. 199.032,	
25 25 9. Name and Address of Current	29 30			Florida Statutes 5x 10. Name and Address of New Res	Yes [
ABRUZZO, FRANK	Trogratured Agent	81	Name	10, Hame the Address of from He	,,,,,,,,,	guit		1
% RGR'S LOADING ZONE, INC.	£.	82	Stroot Add	dress (P.O. Box Number is Not Acceptable	lo)			-
1426-A ALTON ROAD	•		Stiest Add	ress (F.O. box radificer is radi Acceptable	•,			
MIAMI BEACH FL 33139		83						
		64	City		P-1	85 Zip	Code	1
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statutes, th	ne ehov	e-named cor	rogration submits this statement for the n	FL	changian i	ite registered	4
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was author	rized by	y the corpora	ition's board of directors. I hereby accep	t the appo	ointment as	registered	İ
SIGNATURE	nona on occitori cor losco, i lorida	Otalaio.	.					
Signature, typed or printed name of registered agen		istered Ap	ent signature requ	uired when reinstating)	DATE			
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12	(96/6)
1.15		1.1 TITLE 1.2 NAME	ļ			L_I Griginge	L.J Addition	6)
STREET ADDRESS CITY ST. 21P MIAMI BEACH FL 33139	WESTAVE APT		ADDRESS .					R2E034
CITY-S1-ZIP MIAMI BEACH FL 33139	904	1.4 CITY - S	i 1					32
TITLE VID	☐ DELETE	2.1 THTLE				Change	Addition	୍ବାଦ
NAME MULLER, ROBERT STREET ADDRESS 1888-18TH ST. APT. 5 946	OBST MUII	2.2 NAME						ļ
AUALU DEACH EL 00400	•		T ADDRESS					1
THE SD		2. 4 CITY - 3.1 TITLE	ST-ZIP			Change	Addition	-
NAME GALANTE, ROBERT		3.2 NAME						
STREET ADDRESS CITY-ST-ZIP GALANTE, ROBERT 1353 WERED AND WERE DEPOSITE FOR A PROPERTY OF A PROPERT	12 26		r address					
CITY ST-ZIP MI AMI BEACH, EL.	32121	3.4. CITY-	ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	1		,	Change	Addition	_
NAME		4. 2 NAME				-		
STREET ADDRESS	J	4.3 STREET ADDRESS					-	
CHY-S1-ZIP TITLE		4.4 City-St-ZiP 5.1 Title				Change	Addition	1
NAME		5.2 NAME				-		
STREET ADDRESS		5.3 STREET	T ADDRESS					
CITY - SI - ZIP		5.4 CITY-ST-ZIP				T 5:		1
TITLE	☐ DELETE	6.1 TITLE	1			L Change	Addition	
NAME CONTRACTOR	ļ	6.2 NAME	T ADODECO					
STREET ADDRESS]	6.4 CITY-S	T ADDRESS					
City-St-ZIP 14. I do hereby certify that the information supplied	with this filing does not qualify for	r the exe	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the	-

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 attackyment with an address.

SIGNATURE: SIGNATURE AND TYPE O DE PRINTED NAME OF SIGNATURE OR DIRECTOR

4/3/97 KG

Baytime Prione