## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000016802 (7)

## MASSIMINO ENTERPRISES, INC.



2. Principal Piace of Business 2. Mailing Address 3. FEL Number 3. Suite, Apt #, etc 3. Suite, Apt #, etc 3. City & State 3. Country 3. Suite, Apt #, etc 3. Certificate of Status Desired 3. This corporation has liability for intergible tax in principal	<i>i</i> i			
CORAL SPRINGS FL 33065  2. Principal Place of Business 3. Date incorporation of Call Annual Place of Call Place of	îi talii Başir şebi idal			
CORAL SPRINGS FL 33065  2. Principal Place of Business 3. Date incorporation of Call Annual Place of Call Place of				
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Suite. Apt. #. etc  Suite.				
Suite, Apt #, etc  27  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  28  29  30  Country  8. This corporation has liability for intangible tax. Florida Statutes  Florida Statutes  Yes  N  MASSIMINO, KATHLEEN A  3760 N UNIVERSITY DR  CORAL SPRINGS FL 33065  31  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the abundance and address of Orectain and Address of Orec	Applied For			
22] 27 City & State	Not Applicable			
City & State  28  29  29  Country  29  Country  29  30  8. This corporation has flability for intangible tax in Florida Statutes  WASSIMINO, KATHLEEN A  3760 N UNIVERSITY DR  CORAL SPRINGS FL 33065  83  64  City  City  City  Coral spring financing  Trust Fund Contribution  Trust Fund Contribution  10. Name and Address of New Registered Ager  10. Name and Address of New Registered Ager  82  Street Address (PO. Box Number is Not Acceptable)  83  64  City  FL  84  City  FL  85  11. Pursuant to the provisions of Sections 607 0x.02 and 607 1508, Florida Statutes  83  64  City  FL  86  65  66  City Street Address (PO. Box Number is Not Acceptable)  FL  86  87  88  89  67  68  68  68  68  68  68  68  68  68	\$8.75 Additional			
28   29   20   20   20   20   20   30   30   50   50   50   50   50   5	Fee Required			
24 25 25 29 30 Finis corporation has liability for intangible tax 2 25 25 30 10 Finish Statutes	55.00 May Be			
28	Added to Fees			
## By Name and Address of Current Registered Agent  ### MASSIMINO, KATHLEEN A ### 3760 N UNIVERSITY DR CORAL SPRINGS FL 33065  ### City				
MASSIMINO, KATHLEEN A 3760 N UNIVERSITY DR CORAL SPRINGS FL 33065  B3  City  FL 8  City  F				
3760 N UNIVERSITY DR CORAL SPRINGS FL 33065  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 8  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 char 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 of the purpose of char of the provisions of Section 607,0505, Florida Statutes.  SIGNATURE Signature typed or control on a phaguage ad upm and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. DELETE  12. NAME MASSIMINO, KATHLEEN A 1.3 SIREET ADDRESS  3760 N UNIVERSITY DR  1.3 SIREET ADDRESS  CITY-S1-ZIP  CORAL SPRINGS FL 33065  DELETE  21. DILLE  And Formal And				
CORAL SPRINGS FL 33065  B3  City  FL  City  FL	(DO D. W. 1. No. No. Ashiri)			
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 char office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature typed or principle of agent and title if agent cathe.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY ST. ZIP  DELETE  11. ITLE  DELETE  11. ITLE  DELETE  12. NAME  And CITY ST. ZIP  DELETE  21. TITLE  DELETE  21. TITLE  DELETE  21. TITLE  DELETE  21. TITLE  DELETE  31. TITLE  AND CORAL SPRINGS FL 33065  DELETE  21. TITLE  DELETE  32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  CORAL SPRINGS FL 33065  DELETE  33. THE FL ADDRESS  CITY-ST-ZIP  DELETE  34. CITY ST-ZIP  DELETE  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DELETE  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  AND DIRECT				
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08. Florida Statutes the above-named corporation submits this statement for the purpose of char 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 appointing agent, it am familiar with, and accept the obligations of, Section 607 05:05, Florida Statutes.  SIGNATURE  Signature typed or providing a phage-treat agent and tile if applicable.  NOTE Represed Agent a grunture required when remarkabing.  OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  INTILE  D  MASSIMINO, KATHLEEN A  12 NAME  MASSIMINO, KATHLEEN A  13 SIRRET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL 33065.  DELETE  DELETE  DELETE  DELETE  DELETE  2 ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  3 ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3 ITILE  NAME  3 SIRRET ADDRESS  3 SIRRET ADDR				
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11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 agent, it am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes.  SIGNATURE  SIGNATURE  Signature typed or provide an eld registered agent and file if applicative. (NOTE Registered Agents gratifier required when remotating).  Delette  11. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  INTILE  MASSIMINO, KATHLEEN A  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  DELETE  DELETE  1.1 TILLE  ATTHOUGH SPIRINGS FL 33.065  1.4 CITY-ST-ZIP  DELETE  3.1 TILLE  DELETE  3.1 TILLE  ATTHOUGH SPIRINGS FL 33.065  THE AGENT ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  DELETE  3.1 TILLE  AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  AMME  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TILLE  AMME  3.3 STREET ADDRESS  CITY-ST-ZIP  AMME  3.4 CITY-ST-ZIP  AMME  3.4 CITY-ST-ZIP	Zip Code			
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature small have the same legic elect as it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Anthony Massimho 6-24-96