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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08 1997 8:00am Secretary of State

				3. Date Incorpora 05/12/1995	ited or Qualified	3a. Date of 06/12/1		eport
Principal	Place of Business	2a. Mailing Address		4. FEI Number		00/12/	T	plied For
Critic And	T. H. zako	26		65-065923	5			t Applicable
Suite, Apt	u. #, etc	Suite, Apt. #, etc.		5. Certificate of S	tatus Desired		8.75 / Fee Re	Additional equired
City & Sta	ale	City & State		6. Election Campa	ign Financing			May Be
3		28		Trust Fund Con	ribution		Added t	
Zip [4]	Country	Z(p 29	Country 30	Florida Statute	in has liability for i	intangible tax (] Yes		. 199.032,
41	9. Name and Address of Curre	ent Registered Agent	1301		dress of New Re			
CH	IARLES J. GOLDMAN, P.A.		81 Name					
	1 S. FEDERAL HWY.		82 Street Ad	dress (P.O. Box Numbe	r is Not Acceptab	ole)		
HO	DLLYWOOD FL 33020		83	 	·			
			03					
			84 City			FI 85	Zip (Code
SICENIATE IDE		gations of, accitor bor.obos, i	Florida Statutes.	rporation submits this s ation's board of directo				registored
SIGNATURE	Supromer Spromor pontret name of registrational OFFICERS At	gert and title if applicable (NC)	TE: Registered Agent signature rec			DATE ERS AND DIRE	CTORS	S IN 12
Ž.	Super version or protection or despitates as OFFICERS AT	gent and title if applicable (NC	DTE: Registered Agent signature rec	uired when teinstating)		DATE ERS AND DIRE		S IN 12
Z. TILE JAME	OFFICERS AT COLASURDO, ROBERT	gert and title if applicable (NC)	DTE: Registered Agent signature rec	uired when teinstating)		DATE ERS AND DIRE	CTORS	S IN 12
2. Ditle Hame Street addibeds Dity-St. Zip	OFFICERS AT OFFICERS AT COLASURDO, ROBERT 5072 ALENCIA COURT DELRAY BEACH FL 33484	gert and title if applicable (NC ND DIRECTORS DELETE	DTE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	uired when teinstating)		CATE ERS AND DIRE	ECTORS Change	STN 12
Z. HTLE HAME HREET ADJIBESS HTY-ST-ZIF HTLE	OFFICERS AT D COLASURDO, ROBERT 5072 ALENCIA COURT DELRAY BEACH FL 33484 D	gert and title if applicable (NC)	113. 1.1 TITLE 1.2 NAME 1.3 SYREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	uired when teinstating)		CATE ERS AND DIRE	CTORS	STN 12
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Too indexity scaling that the information supplied with this initing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner 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 3 changed, or on an appear of the corporation o

SIGNATURE: