## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038677 (7)

3801 GROUP, INC.

Principal Place of Business

Mailing Address

## FILED Jun 05 1997 8:00am Secretary of State



3 160						
1	,	1		3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last R 05/01/1996	eporl
2. Principal P	lace of Business	2a. Mailing Address	-210	4. FEI Number	Ap	plied For
21 3801	No. FEDERAL HWY.	26 P.O. BOX	5369	65-0601903	No	t Applicable
Sulte, Apt.	#, etc. PANO BEACH	Suite, Apt. #, etc. POMPANO	BEACH	5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	е	Cily & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip 24 330	64 Country USA	Zip 33074	Country 30] USA	<ol> <li>This corporation has liability for in Florida Statutes</li> </ol>	ntangibte tax under s. Yes	199.032,
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Re	distered Agent	
GAL	UDIOSI, JOHN		81 Name			
₹.	•	•	82 Street	Address (P.O. Box Number is Not Acceptab	le)	
280	NO FEDERAL	HWV.	83			
	1PAND BEACH, F		84 City		FL 85 Zip 6	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute Florida, Such change was a	s, the above-named	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing it the appointment as	s registered registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Floi	rida Statutes.	•	**	•
SIGNATURE		N GAUDIOSI 4/29/	97			
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND		Fregistered Agent signature	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	S INI 12
12.	President Director	DELETE	1.1 TITLE	P/D	Change	Addition
NAME	GAUDIOSI, JOHN	<b>→</b>	1.2 NAME	TOHN GAUDIOSI		_
STREET ADDRESS	CAODICOI, COTIN		1.3 STREFT ADDRESS	3801 NO FEDERAL HW	Y	
CITY-ST-ZIP			1.4 C(TY-S) - Z(P	POMPANO BEACH, FL. 3'		
TITLE		DELETE	2 1 TITLE	T/D	Change	Addition
NAME	· '		2 2 NAME	FLICA DECIDERIA		
STREET ADORESS			2 3 STREET ADDRESS	2525 CARAMBOLA CIR	CLE NORTH	
CITY-ST-ZIP			2 4 CHY-ST-ZIP	COCONUT CREEK, FL :	33065	_
TITLE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	31 TITLE	5/D	Change	Addition
NAME	· ·	e-> − ∎ . •	3 2 NAME	CHRISTINE SEAMAN		
STREET ADDRESS	j		3 STREET ADDRESS	2525 CARAMBOLA CI		H
CITY-ST-ZIP	<u> </u>		H4. CITY-ST-ZIP	COCONUT CREEK, FL		<del></del>
TITLE		☐ DELETE	4.1 TITLE	Ì	☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST-ZIP			CT 4 auto
TITLE		☐ DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	İ		
CITY-ST-ZIP		hritte	5.4 CITY-ST-ZIP		Chance	Addition
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Monition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Transcription of the second	Ll

I. 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 12 fichanged, or organ attachment with an address.