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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

STREET ADDRESS

SIGNATURE: George Baalami

CITY - ST-7IP

P95000039724 (6)

GEORG	JE I. BAAKLINI P.A.		K			3. Date incorporated or Oualified 05/18/1995 4. FET Number 05					
Principal Place o	f Business	Mailing A	Address					II 38 111 38188 1	1119 19111 191	12 11511 0101 1601	
	AN STREET APT. 1412		BUCHANAN OFRE YWOOD FL 3301		412						
HOLLYWOOD FL 33019 HOLLYWOOD FL 33							1 -	3a. Date of Last Report			
2. Principal Plac	e of Business		ng Address				A FCI Number	70	h · · · · ·		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc											
Suite, Apt. #, etc \$ 22			Suite, Apr. #, etc				5. Certificate of Status Desired				
City & State City & State			& State				6. Election Campaign Financing				
23		28					L				
Zip	Country	Zip 1211		Cour	ntry				x under s	199.032,	
24	25 Name and Address of Curre	29	Agent	30					Agent		
	g, Manie and Address of Con-	Ent Hegistered			81	Name					
BAAKLINI, GEORGE I					82	Stroot Add	ress (P.O. Box Number is Not Acceptable)				
322 BUCHANAN STREET APT. 1412 HOLLYWOOD FL 33019				02	Street Addi						
				83							
					84	City			85 Zip Code		
							<u> </u>				
SIGNATURE s	Ignamira, typeo or printed name of registures: 89 OFFICERS A	ND DIRECTORS		E Regulered	Agin	t sgratura ration		ICERS AND			
TITLE	PD		DEFETE	1 1 7	ILF				Change	☐ Addition	
NAME	Baaklini, George I			1,2 N							
STREET ADDRESS	322 BUCHANAN STREET	APT. 1412									
CITY-ST-ZIP	HOLLYWOOD FL 33019		DELFIE	1.4 C' 2 1 7		I Z.P			7 Change	☐ Addition	
THILE			Писть	22 N							
NAME STREET ADDRESS				. I		ACOBESS					
CITY-ST-ZIP											
TITLE			DELFTE	3 1 1]] Change	☐ Addition	
NAME				32 N	4ME						
STREET ADDRESS				335	TREET	ADURESS					
CITY-ST-ZIP						1 - ZIF			T Change	F□ Addition	
THILE			DELETE	4 11				L	change	L] MODIRON	
NAME				4 2 N		ADC-DT-C-C					
STHEE! ADDRESS						ADDRESS IT-7-P					
CITY-ST-ZIP TITLE			DELF16	5 1 1		#1.6T		 [Change	Addition	
NAME			F-3	52 N				•	-		
STREET ADDRESS				i i		ADDRESS					
CITY-ST-ZIP				•		i1 - ZiP					
TILE			[] DELETE	6 11			9000017	392	S ange	Addition	
NAME				62 N	AME		-04/04/96010	J480	12		

6.3 STREET ADDRESS

€ 4 CITY - S1 - ZIF 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I furnier 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 attachment with an address.

SIGNING OFFICER OF DIRECTOR

***200.00

3/20/96 (954)922.8162