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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000043263 (9)

		Mailing Address 3449 N.W. 55TH STREET FT. LAUDERDALE FL 3330	09-6306		_				
					þ	3. Date Incorporated or Qualified 06/06/1995		of Last Re	aport
<u> </u>	hace of Business	2a. Mailing Address			1	I. FEI Number		p	plied For
21	H etc.	Suite, Apt. #, etc.			-	65-0585274			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5	5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State City & State				·····	-	. Election Campaign Financing		\$5.00	<u> </u>
23	28					Trust Fund Contribution		Added t	
Zip	Country Zip Cour				8. This corporation has liability for intangible tax under s. 199.032.				
24	9. Name and Address of Current	29	30		Щ,	Florida Statutes D. Name and Address of New Ro	Yes		
CIN	IPSON, M J	t tragiotatea Agoin	81	Name 🌶	十	, tourist and Addition of North	PRISTO AS		
DAIO NIW SETU CY					17	(P.O. Boy Number is Not Accepta	blo		
FT. LAUDERDALE FL 33309					953	(P.O. 609 Formber is Not Albania	ole)		
			B3	3440		227 5-44	Stri	: 4 4.	
			84	City .	1	1.40. 3 3 · ·			Code
44 5	10.07.000	2 c 43 4500 Fb 014		Ft. 1	/	ruderda/2	<u> FL</u>	ा दर	マンフー
office or i	to the previsions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Floyda, Such change was	authorized by	the corporati	orali ior s	on submits this statement for the board of directors. I hereby acce	purpose of ci pt the appoir	nanging it: ntment as	registered
	am familiar with and iccept the obliga	itions/of, Section 607.0505, FI			- [. مسر ا	3/201	107	
SIGNATURE	Separative Typed or princes hamo of registered piper	ncand title & applicable (NOT	TE: Regiptor d Age	9/12 € ≤ ent signature requir		en reinstating)	DATE	7./	
12.	OFFICERS (NI		13.		I	ADDITIONS/CHANGES TO OFFE	CERS AND D	IRECTOR	
TITLE	D D	LILIFELETE	1.1 TITLE			ECEASEAL 3/	L	Change	Addition
NAME	SIMPSON, N/J		1.2 NAME) (eceasea.	1 - 1-		7
STREET ADDRESS	3449 N.W. 55TH ST. FT. LAUDERDALE FL 33309		1.3 STREET	ADDRESS	ł	/ک	15/9	6	<u> </u>
City-St-ZiP Title	D	DELETE	1.4 CITY-S 2.1 TITLE	3 - 214	+		7.	3 anoe	Addition
NAME	FRY, JAMES J		2.2 NAME						
STREET ADDRESS	3449 NW 55TH STREET		2.3 STREET	ADDRESS					
CHY-ST-74P	FORT LAUDERDALE FL		2. 4 CiTY-S	ST-ZIP					
DICE	D	DELETE	31 TITLE		T			Change	Addition
NAME	PENASSO, ALEXANDER		3.2 NAME						
STREET ADDRESS	3449 N.W. 55TH ST.		3.3 STREET						
CITY+S1+7/P TITLE	FT. LAUDERDALE FL 33309	DELETE	3.4. CITY - S 4.1 TITLE	ST- ZIP			·	Change	Addition
NAME			4.7 TILE 4.2 NAME	i				7 Ottonile	L Addition
STREET ADORESS			4.2 NAME 4.3 STREET	ADDRESS					
CITY-\$1-ZiF			4.4 CITY - S						
TITLE		☐ DELETE	5.1 TITLE		\top		L	Change	Addition
NAME			52 NAME						\
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY - S1 - ZIP			5.4 CITY-S	T-ZIP	\perp				
TILE		☐ DELETE	6.1 TITLE		J		E] Change	Addition
NAME			6.2 NAME						
STREET ADDRESS	1		6.3 STREET	ADDRESS	1				i i

6.4 CITY-ST-ZIP

SIGNATURE:

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 port 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 true exemptions are equired 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.

FILED

Apr 02 1997 8:00am

Secretary of State