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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000052401 (3)

DOCUMENT #

1. Corporation Name CRUISIN WITH SUSAN, INC. FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address 1920 HALLANDALE REACH BLVD. 1920 HALLANDALE BEACH BLVD.						14 BAI11 BAIAI Ais			
1920 HALLAND SUITE 609 HALLANDALE I	ale Beach BLVD. Fl 33009		1920 HALLANDALE BE SUITE 609 HALLANDALE FL 3300),	3. Date Incorporated or Qualified 07/07/1995	3a. Date o		
Discoul Disco	of Business	2a.	Mailing Address			4 FEI Number		<u> </u>	phed For
, Principal Place	OI DUSINESS	26	g			15 0591975			t Applicable
Sjiite, Apt. #. e	atc		Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
L		27				A Studio Companion Empanion			May Be
Uty & State			City & State			Election Campaign Financing Trust Fund Contribution			to Fees
		28		Cour	ntry	8. This corporation has liability for	intangible tax	unders 1	99.032,
∫Ziρ	Country		Zip	30		Florida Statutes Yes	. [] No		
, 	25 9. Name and Address of Curren	29 at Regis	stered Agent	1971		10. Name and Address of New F	Registered A	gent	
	9. Name and Address of Correl				81 Name				
	- 0110411				82 Street Addre	ass (P.O. Box Number is Not Accepta-	ole)		
	ZI, SUSAN				Gliebt Addit				1)
7520 WC	OOD STREET				83	7/4		5/10	
HULLYW	OOD FL 33024				84 City			85 Zip	Code
					11 - /	ation submits this statement for the pured of directors. Thereby accept the app	FL	nging its as	mistored office
	Jagent, or both, in the Stare of nor and accept the obligations of Sec				.) Againt signature require	d when remakting	DATE	DIDECTO	RS IN 12
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I do hereby certify that the information supplied with this lifing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. I 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 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

SIGNATURE: _

Ausen Calloni Signature and typeo of printed name of bonning officer on Director Suson Pallo zzi

5/4/94 954-458 . 9966

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