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 # P95000061264 (4)

E.T. MA	CHINING, INC									
Principal Place of Business Mailing Address 1111 WEST MCNAB ROAD 1111 WEST MCNAB ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-4720						I LEBUIDDI SER OCTURE BINIT SOUIT DOUT DOUG COND. MINICE CHOIN DEST LEBUT				
						3. Date Incorporated or Qualified 08/08/1995		te of Last Re 18/1996	eport	
	lace of Business	2a. Mailing Address			·	4. FEI Number	······································		plied For	
21	All or have	26 Suite Apt # ote			·····	65-0640921			ot Applicable	
22 Suite, Apr.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State	9	City & State			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	·	\$5.00		
23	28					Trust Fund Contribution		Added t		
Zip	Country Zip			intry		8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Curren	29 1 Decisioned Apont	30	,		Florida Statutes 10. Name and Address of New Re	Yes [
A11F		i Hegistered Agent		81	Name	10. Name and Address of New Re	gintered A	gent		
	ES, MICHAEL					· · · · · · · · · · · · · · · · · · ·				
1111 W. MCNAB RD POMPANO BEACH FL 33089				82	Street Address (P.O. Box Number is Not Acceptable)					
, 0,,,	11 7110 001011 1 00000			63	,_ 		····	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				84	City	······································		SEL Zin I	Code	
				0	City		FL	85 Zip (JUGE	
11. Pursuant to office or reagent. La	to the provisions of Sections 607.050 ogistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505,	tutes, the a is authorize Florida Sta	bove d by tutes	e-named corporations.	oration submits this statement for the poor's board of directors. I hereby acceptions	urpose of the appo	changing its sintment as	s registered registered	
SIGNATURE										
	Signature, typod or printed name of registered age OFFICERS ANI		iOTE: Registere	d Age	int signature require	d when reinstatings ADDITIONS/CHANGES TO OFFICE	DATE EDC AND	DIRECTOR	S IN 12	
12. 1011	P OFFICENS AND	DELETE	1.1 T	ITI F	 -	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition	
NAM é	AMES, MICHAEL	<u></u>	1.2 N							
STREET ADDRESS	1111 W. MCNAB RD		1.3 \$	TREET	ADDRESS					
CITY-ST-7P	POMPANO BEACH FL		140	ITY-S	T-ZIP					
T:TLE		☐ DELETE 21		TLE				Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS			2.3 \$	TREET	ADDRESS					
CHY-SI-7IP		E profire			ST-ZIP		~ ~~	[] (h-n-n-	14600	
TITLE		☐ DELETE	3.1 [Change	☐ Addition	
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STREET ADDRESS		•			ADDRESS (
DAY-ST-ZP TITLE		DELETE	34.1 4.1 T		or the	,		Change	Addition	
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STREET ADDRESS					ADDRESS				i	
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TIFLE		DELETE	5.1 T	ITLE				Change	Addition	
NAME			5.2 N	AME	İ				i	
STHEET ADORESS			538	TAEET	ADDRESS					
City-St Zir		DELETE			T-ZIP			Phones	Additon	
TITLE	,	DELETE	6.1 T					Change	Addition	
NAME proses and access			6.2 M		ADODECC				ļ	
STREET ADDRESS			1		ADORESS IT-ZIP					
14. I do here!	t by certify that the information supplied	d with this filing does not au	alify for the	200	motion stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatic Lam an o	on indicated on this annual report or s officer or director of the corporation or	supplemental annual report the receiver or trustee emp	is true and cowered to	acci exec	urate and that oute this report	my signature shall have the same legat t as required by Chapter 607, Florida S	il effect as itatutes; ar	if made un nd that my r	der oath; that name	

SIGNATURE:

appears in Block 12 or Block 13 if g

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4.3091

FILED

May 08 1997 8:00am

Secretary of State

954-946-710

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