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

PROFIT



ELORIDA DEPARTMENT DE STATE

CORPORATION ANNUAL REPORT 1996				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				•	·			
DOCUN 1. Corporation VERTIC	MENT # Name CAL CITY, INC.	P95000	06945	4 (3)	*							
Principal Place			Mailing Addres					i 🛧 Si Mannail	iia intai atiit aatii 90	 	HATO JUHA (1940)	ı Bunir By alı Hağı
NORTH MIAM			NORTH MIA		1 17	<u>.</u> ,		*		<u>.</u>		
			e color		•	4	*	Date Incorp.	orated or Qualified 995	3a. Dat	e of Last Re	eport
2. Principal Pla	ace of Business		2a. Maling Ad 26	dress			*	4. FELNIANDER	263199		<u> </u>	Applied For Not Applicable
Suite, Apt. #	⊭, etc.	19	Suite Apt.	#, etc.			,	Ortigente o	f Status Desired			Additional Required
City & State	;	a di a	City & Stat	е		,		Election Car Trust Fund (npaign Financing Contribution			May Be
Ζιρ 24	25 Cou	ntry	Zip 29	3	Country 30	,		B. This corpora	ition has liability fo	r intangible t		
	9. Name and Add	dress of Current			1		4	10. Name and	Address of New	Registered	Agent	
JOSEPH	I, ABEPHENE				81	Name	Address	(P.O. Box Num	ber is Not Accepta	able)		
14518 W	V DIXIE HWY		41.5		83	0.,000		*				
NORTH	MIAMI FL	N.			L		- ,				Tee 1 - 8 -	Code
			*		84	City .	**	4		FL	_ `	
11. Pursuant to or register familiar wit	o the provisions of Se ed agent, or both, in t th, and accept the ob	ections 60 7.0502 a the State of Florida ligations of Section	ind 607.1508, Floi L-Buch change wan n 607.0505, Florid	rida Statutes, as authorized la Statutes.	the above- by the corp	named co oration's	orporation board of	on submits this s of directors. I her	tatement for the p eby accept the ap	urpose of ch pointment a	anging Its re s registered	egistered office agent. I am
SIGNATURE _					<u></u>	,						
12.	Signature, typed or printed na	OFFICERS AND		NOIE	Registered Ager	ri signature i	required wit		CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
TITLE	PSTD			ELETE	1.11114	Ĺ	}				Change	■ Addition
NAME	JOSEPH, ABER	HENE		**	1.2 NAME							
STREET ADDRESS	14518 W DIXIE				1.3 STREET	T ADDRESS						
CITY-ST-ZIP	NORTH MIAMI	FL			1.4 CITY-\$		ļ			— . — . — . — . — . — . — . — . — .	5 6:	Print A Live
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III ST-20	<u> </u>			ELETE	3 1 TITLE		† · · · ·				Change	☐ Addition
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STREET ADDRESS						T ADDRESS						
CHY+SI+ZIP	I				6.4 CITY-5	St-71P	1					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed that my name with an address.

SIGNATURE: