PROFIT CORRORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

801050D499AH3

1. Corporati		_		Secret	ary or State
Bala	d Daug Entertai	in ment. Ir	1611		ے
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	ce of Business	Mailing Address		İ	
	O N.W. 184 COURT	•			
Plant	edion, FL 33317	ז			
• • • •		,		3. Date incorporated or Qualified 3 4 96	3a. Date of Last Report
2. Principal f	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
1		26		8010800-20	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
2 2 2 2		27			ree nequired
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
ล	25	29	30	Florida Statutes	Yes No
24	9. Name and Address of Curren			10. Name and Address of New Re-	pistered Agent
			61 Name	John McHale	
			82 Street Ac	Idress (P.O. Box Number is Not Acceptab	e),
				500 NW 1st Car	T #406
			83		
			84 City O	butation	FL 85 Zip Code 22317
11. Pursuani	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	nec the above-named co	rootalion submits this statement for the nu	rpose of changing its registered
onice or agent, (a	re <u>distered agent, or both, in the State</u> of Familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505, F	authorized by the corporationida Statutes.	ation's board of directors. I hereby accept	the appointment as registered
SIGNATURE	John DYYY	Sale JOHN		E (PRESIDENT)	4-25-97
	Signature, typed or printed name of registered age	Canalise Mappicable (IA	OTE Registered Agent signature rec	Mana areas and and a	
12. Title	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change X Addition
HAME			12 NAME	Esha Mithile	
STREET ADORESS			1.3 STREET ADDRESS	sonn metale 1900 N.W. 1start #	KX0
CITY-ST-ZIP	1			Plantation, FC 333	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	1		2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-21P			2.4 CITY -SY-ZIP		·
TITLE		☐ DELETE	3.3 TITLE		Change Addition
name .	1		3.2 NAME		-
STREET ADDRESS	{		3.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
HAME	1	C.J Occor	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			. 44 CITY-S1-ZIP		/ .
THLE		DELETÉ	S 1 TITLE		/ Change / Agdition
NAME		_	· •		7
	1		52 NAME		1/5/2/1/00
STREET ADDRESS	. '		5 2 NAME 5 3 STREET ADDRESS		15/2/197
STREET ADORESS CRY-ST-ZIP			4	•	15/21/97
CAY-ST-ZIP TITLE		DELETE	53 STREET ADDRESS		5/2//97 Change Addition
CAY-ST-ZIP TITLE NAME		DELETE	5.3 STREET ADDRESS 5.4 CITY+ST-ZIP	10000226	550/97 Change Addition
CAY+ST-ZIP TITLE NAME STREET ADDRESS		DELETE	53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE	-06/04/97011	5/2//97 Change Addition
CAY+ST-ZIP TITLE NAME STREET ADDRESS CAY+ST-ZIP			5 3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	1 0000220 -06/04/97011 ***165.00	50/97 Change Addition 02071 09009

running 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oyon an attachment with an address.

FILED

May 21 1997 8:00am