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

FILED Jan 27 1997 8:00am Secretary of State

1997

DOCUMENT # P96000037223 (0)

VRANA ETC, INC.

Principal Place of Business Mailing Address					1 TANDILLAND LEN SALLE DILLI MUNIST MANET ARVIL	MAINA HIIV IBRIA HANIM JIMBA HAIL	(\$4)
1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 1180 NORTH FEDERAL HIGH POMPANO BEACH FL 33062							
					3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last Repor	1
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		4, FEI Number	Applied	d For
21		26			65-0672001		plicable
Suite, Apt.	#, eta	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	- 1
22		27			Fee Required		
City & State	•	City & State		6. Election Campaign Financing	\$5.00 мау		
[23]		Zip Country		Trust Fund Contribution Added to Fees			
Zip	Country			y	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 29 30 9. Name and Address of Current Registered Agent		10, Name and Address of New Registered Agent				
1 014		riogistorou Agent	8	1 Name	IU. Itamo alla Addiess VI Item Ne	hereren where	
LOVING, JACK R			Ľ	, , tallio	airie		
) North Federal Highway Ipano Beach Fl 33062		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
FUN	IPANU BEAUTI PL 33002		8	3	***************************************	 	
			"				
			8	4 City		FL 85 Zip Code	а
11 Porsuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the abo	ve-named col	rnoration submits this statement for the n		nistered
Office or n	egistered agent, or both, in the State on tanillar with and accept the children	of Florida Such change was	authorized I	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointment as regi	stered
	Tool P	nons or, section dov.doos, r	ionua statui	55.	Tan	17 _ 07	
SIGNATURE	Signature, typical or printed numbers region and ages	c sod (the diapple strie (NO	TE Registered A	gent signature requ	ured when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN	1 12
TOTLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	Massingill, Joan		1.2 NAM				
STREET ADDRESS	1180 N. FEDERAL HIGHWAY		1.3 STRE	ET ADDRESS			
CITY ST-ZIP	POMPANO BEACH FL 33062		1.4 CiTY	-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	CHESHIER, DARLA		2.2 NAM				
STREET ADDRESS	1180 N. FEDERAL HIGHWAY		23 STRE	ET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33062		2 4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	3 1 TITLE			Change	Addition
NAME	vrana, edward j		3 2 NAM	:			
STREET ADORESS	1180 N. FEDERAL HIGHWAY		3.3 STRE	ET ADDRESS			
CITY - ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY	-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	Vrana, eva f		4. 2 NAM	E			
STREET ADORESS	1180 N. FEDERAL HIGHWAY		4.3 STRE	ET ADDRESS		*	
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY	-ST-ZIP			
TOTLE		☐ DELETE	5.1 TITLE			☐ Change ☐	Addition
NAME			5.2 NAM				
STREET ADORESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM				
STREET ADURESS			6.3 STRE	E1 ADDRESS			
CITY+ST-ZIF			6.4 CITY		·		
14 I do heret	by cartily that the information eventual	Lwith the filing door not aug	lify for the ox	comption state	od in Section 119 07/3Vi). Florida Statute	a I further certify that the	

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 inclicated 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 13 if changed or on an attachment with an address.

SIGNATURE

EVAF. VRAMA
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNIN

OFFICER OR DIRECTOR

Vrana 1-17-97

491-0339