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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED

Apr 11 1997 8:00am Secretary of State

Principal Place 157 E 81ST SI NEW YORK NY	T. SUITE 9C	Mailing Addret	Mailing Address 157 E 81ST ST. SUITE 9C NEW YORK NY 10028-1844						
						3. Date Incorporated or Qual 06/03/1996	ified 3a. [Date of La	st Report
2. Principal P	Place of Business	2a. Mailing Add	dress	·		4. FEI Number			Applied For
21		26				58 224 8958			Not Applicable
Suite, Apt	#, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desire	ed 🔘		5 Additional e Required
22 City & State	0	City & State	e			6. Election Campaign Finance	ina		00 May Be
23		28				Trust Fund Contribution			led to Fees
Z(p)	Country 25	Zip 29		Coun	itry	This corporation has liability Florida Statutes	ty for intangibl		er s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	t		· γ·•···	10. Name and Address of No	w Registered	Agent	
103	vins, randy I US HWY 1, F5207 Piter FL 33477				B3	dress (P.O. Box Number is Not Acc	ceptable)		
				1	B4 City		F	85	Zip Code
office or r	registered agent, or both, in the otals	e of Florida. Such cha	ange was a	uthorized	by the corpor	ration's board of directors. I hereby	accept the ac	pointmen	t as registered
office or ragent La SIGNATURE 12.	S gradure apped or printed name of registered ago OFFICERS AN	gent and title If applicable			Agent signature rec	orporation submits this statement for ration's board of directors. I hereby quired when reinstating) ADDITIONS/CHANGES TO	DATE		TORS IN 12
SIGNATURE 12. INTE NAME STREEL ADDRESS	S gradual typed or private hands of registrant and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and title If applicable	(NOTE	13. 1.1 TiTU 1.2 NAM	Agent signature rec LE ME MEET ADDRESS	quired when reinstating)	DATE	ID DIREC	TORS IN 12
SIGNATURE 12. HILE NAME STREEL ADDRESS CITY: \$7,71P	S gradual upod or prived hards of registrating OFFICERS AN ROVINS, MICHAEL	gent and Die II applicable ND DIRECTORS	(NOTE	13. 1.1 TiTU 1.2 NAM	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP	quired when reinstating)	DATE	ID DIREC	TORS IN 12
SIGNATURE 12. INTE NAME STREE ADDRESS CITY ST 7IP TITE NAME	S gradual typed or private hands of registrant and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and Die II applicable ND DIRECTORS	(NOTE	13. 1.1 TiTU 1.2 NAI 1.3 STP 1.4 CIT 2.1 TITU 2.2 NAI	Agent signature rec	quired when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE 12. HILF NAME STREEL ADDRESS GITY-SY-7IP TITLE NAME STREEL ADDRESS STREEL ADDRESS	S gradual typed or private hands of registrant and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and Die II applicable ND DIRECTORS	(NOTE	13. 1.1 TITU 1.2 NAM 1.3 STP 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	Agent signature rec	quired when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE 12. IHLE NAME STREEL ADDRESS CITY SY 7IP TITLE NAME	S gradual typed or private hands of registrant and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and the II applicable ID DIRECTORS	(NOTE	13. 1.1 TITU 1.2 NAM 1.3 STP 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	Agent signature rec LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-ST-ZIP	quired when reinstating)	DATE	ND DIREC	TORS IN 12 nge Addition nge Addition
SIGNATURE 12. INTE NAME STREEL ADDRESS CITY: 57: 7IP TITTE NAME STREET ADDRESS CITY: 51: 7IP TITTE NAME NAME NAME NAME	S gradual typed or private hands of registrated and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and the II applicable ID DIRECTORS	(NOTE	13. 1.1 TITU 12 NAM 1.3 STP 1.4 CIT 21 TITU 22 NAM 2.3 STR 2 4 CIT 31 TITU 32 NAM	Agent signature rec LE ME REET ADDRESS Y-S1-ZIP LE ME LEET ADDRESS IY-S1-ZIP LET LET LET LET LET LET LET LE	quired when reinstating)	DATE	ID DIREC	TORS IN 12 nge Addition nge Addition
SIGNATURE 12. HUE NAME SHEEL ADDRESS CITY: 57: 7IP TITE NAME STREET ADDRESS CITY: 51: 7IP TITE NAME THE NAME THE NAME THE NAME THE NAME THE NAME	S gradual typed or private hands of registrated and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	gent and the II applicable ID DIRECTORS	(NOTE	13. 1.1 TITI 12 NAM 1.3 STP 1.4 CIT 21 TITI 22 NAM 2.3 STR 2 4 CIT 31 TITI 32 NAM 3.3 STR	Agent signature rec LE ME NEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS IY-ST-ZIP LE ME ME ME ME ME	quired when reinstating)	DATE	ID DIREC	TORS IN 12 nge Addition nge Addition
SIGNATURE 12. THUE NAME STREEL ADDRESS CITY: 57: 7IP THUE NAME STREEL ADDRESS CITY: 51: 7IP HUE NAME STREEL ADDRESS STREEL ADDRESS	S gradual typed or private hands of registrated and OFFICERS AN ROVINS, MICHAEL 157 E 81ST ST, SUITE 9C	pent and the II applicable ND DIRECTORS	(NOTE	13. 1.1 TITI 12 NAM 1.3 STP 1.4 CIT 21 TITI 22 NAM 2.3 STR 2 4 CIT 31 TITI 32 NAM 3.3 STR	Agent signature rec LE ME ME NEET ADDRESS Y-ST-ZIP LE ME LET ADDRESS LY-ST-ZIP LE ME ME KEET ADDRESS Y-ST-ZIP	quired when reinstating)	DATE	ID DIREC	TORS IN 12 TORS IN 12 TORS IN 12 Addition Tors Addition
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appears in Block 12 or Block 13 if o