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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 PIVISION OF DOCUMENT # P96000048622 (0)

## FILED Apr 22 1997 8:00am Secretary of State

HOSPITALITY FABRICATORS, INC.  Principal Place of Business Mailing Address  B221 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437  Mailing Address  B221 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437-5064									
						<ol> <li>Date incorporated or Qualified 06/01/1996</li> </ol>	3a. Da	te of Last f	Report
	Place of Business	<u> </u>	iling Address	۱. ۵.۱		4. FEI Number			pplied For
Suite, Apt	72 DONE	26	ite, Apt. #, etc.	DBON	<u> </u>	65-0671508			ot Applicable
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City & Sta	to .		y & State	×	<del></del>	6. Election Campaign Financing	·····	<del></del>	May Be
3		28			·	Trust Fund Contribution			to Fees
Zip	Country	Zıç	)	Cour	ntry	8. This corporation has liability for			s 199.032,
24	9. Name and Address of Curre	29	d Agent	[30]		Florida Statutes  10. Name and Address of New Re		No Acent	
DΛ	ONLON, ROBERT M	, rogistole	- Agent		81 Name	10. AMILIA MILA MANIANA AL LION DE	-A-0-0107 )	-3eiit	
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	EST PALM BEACH FL 33401	OUTIL OUU		\	82 Street Add	dress (P.O. Box Number is Not Accepta	Die)		
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				-	84 City			85 Zip	Code
				ì			FL		
office or	registered agent, or both, in the Stat	502 and 607.1 te of Florida. (	1508, Florida Sta Such change wa	tutes, the ab s authorized	ove-riamed cor I by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	porpose or	ointment a	s registered
	rightered agent, or both, in the Stal am familiar with, and accept the obli- signature. Light or protect and of registered a			•		rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating)	porpose or ppt the app	ointment a	s registered
SIGNATURE	Signature, type of or printed name of registered a OFFICERS A		plicable (A PRS	OTE Registered	Agent signature requ		DATE	DIRECTO	RS IN 12
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14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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; the fam an officer or director of the cognitation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on Block 5 if the proof of the cognitation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on Block 5 if the proof of the cognitation of the receiver of the proof of the cognitation of the proof of the cognitation of the

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PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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93 (56)73208