SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS .

APPROVED AND FILED

1997 AUG 25 AN 8: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation		# P96000 DUSTRIES, INC.	0051	120 (9)								
Principal Plac	Mailin	g Address				- L SANDONON DEN BELLO BELLE DROLL COLLE DE	HILL BEHALL BIND	M 11001 11018 :	(III) 44 (6 1 31)			
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								'	Sa. U	ato oi Lasi	i neport	
2. Principal F	Place of Busin	ness	2a. M	ailing Address				06/14/1996 4. EEI Number			Applied For	
21			26) 1				4. FEI Number 38524	9	<u> </u>	Not Applicable	0
Suite, Apt	. #, etc.	-11	Sı	Suite, Apt #, etc.				5. Certificate of Status Desired	_ /		Additional	
22		·	27	+				8. Certificate of Status Desired		Fee	Required	
City & Star	te		26 26	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country			Zı	Zip Cou				8. This corporation owes or has p	aid the cu	rrent year	Intangible	
24 25			29							□ No		
		and Address of Curre	nt Register	ed Agent		1 Narr		10. Name and Address of New R	egistered	Agent		-
	OTSCHUL,				(*	INan	е					ļ
		A ROAD UNIT 8B					t Addre	dress (P.O. Box Number is Not Acceptable)				7
וטח	DSON FL 3	4667-5109		E								-
					8							
									FL	85 Zij	p Code	
11. Pursuant office or agent. I a SIGNATURE	am ramıllar wi	in, and accept the oblig	gations of, Si	oction 607.0505, Fi	es, the abc authorized orida Statut	ve-name by the co	ed corpo erporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose o	f changing pointment a	g its registered as registered	1
SIGNATURE	Signature, typed	ob Brotsch for printed name of registered as	L.T. L. jont find bee if ap	plicatife (NOI	F Registered A	gont signat	ure require	d when reinstating)	DATE			
12.	T-21	OFFICERS AT	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AND][
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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 frame 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, or on an attachment with an address.