## 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

## 1997 DIVISION OF DOCUMENT # P96000051776 (8)

**FILED** 

Mar 31 1997 8:00am

Secretary of State

TOTAL TELLER HOLDING, INC.									
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Principal Place		Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 10110 01111 QQ111 EB111 90111	<b>48131 31141 1141</b>	*****	*********
10800 BISCAYNE BLDV. SUITE 600		10800 BISCAYNE BLDV. SUITE 600	10800 BISCAYNE BLDV.						
NORTH MIAMI FL 33161		NORTH MIAMI FL 33181							
					J	rporated or Qualified	3a. Date	of Last Re	port
9 0 0 0 0 0 0 0 0	ace of Business	24 Mailing Address			06/14/1! 4. FEI Numb		<u> </u>	<del></del>	- E
<u> </u>	ace or business	26. Mailing Address			4. FEI NUMO	0673874		<del></del>	plied For t Applicable
Suite, Apt	#, €tc.	Suite, Apt. #, etc						8.75 A	
22		27			5. Certificate	of Status Desired	□ <b>'</b>	Fee Re	
City & State	9	City & State			6. Election C	ampaign Financing		\$5.00	May Be
23		28			Trust Fund	d Contribution		Added to	o Fees
Z <sub>i</sub> p	Country	Zip	Country	ı		oration has liability for i			199.032,
24	25 9. Name and Address of Current		30		Florida St.	d Address of New Re	Yes I		
LIAN		Trogration Agent	81	Name	10. 7701110 011	a recorded of Hore Fiet	Alexandr Sc	<del>""</del>	*
	IFT, MICHELE 00 BISCAYNE BLVD.				(D.O. D )		1-1		
	TE 600		82	Street A	dress (P.O. Box Ni	umber is Not Acceptab	ile)		
	RTH MIAMI FL 33161		83						
			84	City	ı		FL	35 Zip (	Code
11. Pursaant l	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	s. the above	a-named	poration submits	this statement for the p	urpose of ch	L anging it:	s registered
office or n	egistered agent, or both, in the State mifamiliar with land accept the obliga	of Florida, Such change was au	thorized by	the corp	ation's board of di	ectors. I hereby accep	t the appoint	ment as	registered
_	and accept the obliga	Hons or, became dor sood, Flori	iod oldidic.	<b>&gt;</b> .					,
SIGNATURE	Stip atare, typed or per tect an e-ol register diager	it and title Lappecable (NOTE	Registered Age	ent signature	uired when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITION	S/CHANGES TO OFFIC			
1074	D	☐ DELETE	1.1 TITLE				لا	Change	☐ Addition
NAME.	HANFT, MICHELE		1.2 NAME						
STREET ADDRESS	10800 BISCAYNE BLVD. #600		1.3 STREET	ł					
CHY-SI ZIP THLE	NORTH MIAMI FL 33161	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		***************************************		Change	Addition
NAME			2.2 NAME					onango	
STREET ALIGNESS			2.3 STREET	ADDRESS	:				
CHYSLZH			2. 4 CITY-1						
TUTH		DELETE	31 TITLE		<del> </del>			Change	Addition
NAME			32 NAME	ļ			,		
STREET AUDRESS			3.3 STREET	ADDRESS					
CITY+ST+7/2			34 CITY-	ST-ZIP				<b>-</b>	
lil.ŧ		☐ DELETE	4.1 TITLE					Change	Addition
MaMi			4. 2 NAME			_			
STREET ADDRESS			4.3 STREET	ADDRESS		•	•		
C(IY+SI+7⊮			4.4 CITY - S	I - ZIP				F 63	Taraba
TITLE		☐ DELETE	51 TIFLE					<b>C</b> hange	
NAME			5.2 NAME						
STPEET ACTURESS			5.3 STREET						
City-St-2ii:		☐ DELETE	5.4 CITY - 5	i - ZIP				Change	Addition
HILE			6.1 TITLE				<b></b>	, onange	AUUIIOII L
NAME OTOFIT ASSOCIATION			6.2 NAME 6.3 STREET	Annacee					
STREET AUDRESS			64 CITY - S						
A11 (01) ZP	1		4 4 0114 5					_	

14. If do hereby contry 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3(25/97

305-666-86(35