| <u> </u>  | PORATION  |  |  | TMENT OF STATE  |   | 7 100  | 97 8:00ar  |
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|   | 99 <b>7</b>   |  | Secreta  | ry of State   |   |  |  |
|   |   | Canal Sector   |  |   | L Secre   | etary  | of State   |
|   | ailing Address of Corporation:  |  |  |   | {   | _  |  |
| 21  | B TRADING<br>Si Sheridan<br>Ollywood Fc   | g dj S. Fr   | DRIDA I  | υC.   |   |  |  |
| 440   | s, sheridan   | St. #  | 106  |   |   |  |  |
| Id  | allywood FC   | . 3302   | l ·  |   | DO NOT W  | RITE IN THE  | S SPACE  |
|   |   |  |  |   | 3. Date Incorporated or Qualif  | ied <b>3a.</b> D   | Date of Last Report  |
| FILING FEE  | g address is incorrect in any way, li<br>Annual Report \$61.25 + \$   |  | · · · · · · · · · · · · · · · · · · ·  |   | T 18196   | ········   | Applied For  |
| \$225.00<br>Mailing Addre   | ·····   | CK PAYABLE TO DE   | PARTMENT OF ST<br>Place of Business  | ATE   | 65-06815<br>5. Certificate of Status Desired  |  | Not Applicable   |
| ]   |   | 26 4112  | . Griffin  | RD  |   |  | \$8.75 Artitional<br>Free Herona ed  |
| Suite, Apt. #,<br>7   | etc.  | 27 N 3   |  |   | 6. Election Campaign Financia<br>Trust Fund Contribution  | 9  | \$5.00 May Be<br>Added to Fees   |
| City & State  |   | City & Sta   | ate  | FL.   | <ol> <li>Nonprofit with IRS 501(c)(3)<br/>Tax Exempt Status</li> </ol>  | · · · · · · · · · · · · · · · · · · ·  | \$138.75 Supplemental  |
| Zip   | Country   | 26 Cao<br>Zip  | per City   | ountry  | 8. This corporation has llability   |  |  |
| ]   | 25<br>9. Name and Address of Cu   | 20 Zip<br>29 Zip   | - 30<br>nt   |   | Florida Statutes  | HIS IN   | · · · · · · · · · · · · · · · · · · ·  |
| 0   |   |  |  | 81 Name   |   |  | a agoin  |
| 13NR-   | + Ostroff.<br>35 NW. 11th   | C+   |  | 82 Street Addres  | ss (P.O. Box Number is Not Acce   | ptable)  |  |
| 1013  | bole Prives   | Fr. 3307   |  |   |   | ·····  |  |
| fem   | brulce kinds  | 1 0 970  | - ~  | 63  |   |  | · .  |
|   |   |  |  | 04 04   |   |  | 85 Zip Code  |
| for the purple<br>I hereby acc  | the provisions of Sections 607.D<br>see of changing its registered off<br>ept the appointment as registere  | 502 and 607.1508 or S<br>lice or registered agent,<br>ad agent. I ani familiar v   | Sections 617.0502 a<br>or both, in the Stat-<br>vith, and accept the   | 84 City<br>and 617, 1508, Fiorida<br>of Florida. Such cha<br>obligations of, Section  | Statutes, the above-named corp<br>inge was authorized by the corpo<br>n 607.0505, Florida Statutes.                                     | oration subm<br>ration's board   | L III IIII   |
| for the purple<br>I hereby acc<br>IGNATURE<br>(%)<br>2.                                       | ose of changing its registered off<br>ept the appointment as registere<br>egstweet Agent Accepting Appointment (N<br>OFFICERS   | lice or registered agent,<br>ed agent. I am familiar v   | , or both, in the State<br>vith, and accept the  | nd 617.1508, Fiorida<br>e of Fiorida. Such cha<br>obligations of, Section<br>13.  | Statutes, the above-named corp<br>inge was authorized by the corpo<br>n 607.0505, Florida Statutes.<br>DAT                              | oration subm<br>ration's board<br>E  | ts this statement<br>d of directors.   |
| for the purple<br>I hereby acc<br>IGNATURE<br>(9)   | be of changing its registered off<br>ept the appointment as registered<br>spatial Agent Accepting August Intent. (N<br>OFFICERS   | lice or registered agent,<br>od agent. I am familiar v<br>KOTE Registered Agent signatum<br>S AND DIRECTORS  | , or both, in the State<br>vith, and accept the  | nd 617,1508, Florida<br>e of Florida. Such cha<br>obligations of, Section   | nge was authorized by the corpo<br>n 607.0505. Florida Statutes.<br>DAT   | oration subm<br>ration's board<br>E  | ts this statement<br>d of directors.   |
| for the purple<br>I hereby acc<br>IIGNATURE<br>P<br>2.<br>1 MLE<br>2 NAME<br>3 STREET ADORESS | See of changing its registered off<br>ept the appointment as registere<br>system agent Accepting Apportment M<br>OFFICERS<br>Bresseet<br>Barry Ditte  | ice or registered agent,<br>ad agent. I ann familiar v<br>OTE Registered Agent signatur<br>AND DIRECTORS   | or both, in the Stati<br>with, and accept the<br>e required when reinstating   | 13.<br>1.1 TITLE<br>1.3 STREET ADDRESS  | nge was authorized by the corpo<br>n 607.0505. Florida Statutes.<br>DAT   | oration subm<br>ration's board<br>E  | ts this statement<br>d of directors.   |
| for the purple<br>I hereby acc<br>IGNATURE<br>2.<br>1 I/ILE<br>2 NAME                         | Castreed Agent Accepting According its registered off<br>epit the appointment as registered<br>castreed Agent Accepting According its<br>OFFICEAS<br>Pressivest<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS<br>OFFICEAS   | Ince or registered agent,<br>ad agent. I am familiar v<br>NOTE Registered Agent signature<br>AND DIRECTORS   | or both, in the Stati<br>with, and accept the<br>e required when reinstating   | 13.<br>1.1 TITLE<br>1.2 NAME  | nge was authorized by the corpo<br>n 607.0505. Florida Statutes.<br>DAT   | oration subm<br>ration's board<br>E  | ts this statement<br>d of directors.   |
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| for the purper<br>I hereby acc<br>IGNATURE  | the information indicated on this   | annual report or supple  | or both, in the Stat.<br>vith, and accept the<br>a required when reinstating<br>33.5.2.6<br>- Seconty-re-<br>emental annual repo | Ind 617.1508, Fiorida         a of Florida. Such cha         obligations of, Section         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         5.2 NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         6.1 STREET ADDRESS         6.4 CITY-ST-ZIP | TODOO2<br>-05/16/97<br>***165.00<br>e and that my signature shall have  | Oration subm         ration's board         £  | Its this statement<br>d of directors.<br>RECTORS IN 12<br>RECTORS IN 12 |