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

DOCUMENT # P9600077050 (8)
DAN BADELITA ENTERPRISES, INC.

FILED Feb 28 1997 8:00am Secretary of State

Principal Place of Rusiness 2531 NORTH 26 TERRACE HOLLYWOOD FL 33020	Mailing Address 2531 NORTH 26 TERRACE HOLLYWOOD FL 33020-1920	}		
			3. Date Incorporated or Qualified 34 09/16/1996	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEN Wilber 0702286	Applied For
21	Suite, Apt. #, etc.			CR 75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zipi	Country	8. This corporation has liability far intan	gible tax under s. 199.032,
24 25		30	Florida Statutes Ye 10. Name and Address of New Register	s No
9. Name and Address of Curro	ent Registered Agent	81 Name	10, Name and Address of New Registe	plet Agent
1191 EAST NEWPORT CENTER #	200		NN BNOELTH	· · · · · · · · · · · · · · · · · · ·
DESCRIELD BEACH FL 33442	.00	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DESTRICTED DESTRUCTION OF THE		83 20	31 1/26 181	MACE
		84 City /	31 10000 182	65 Zip Code
	100 1007 1500 51 11 0	1/10	LLY WOOD	FL 33020
 Pursuant to the provisions of Sections 607 09 office or registered agent, or both, in the State agent. I am familiar with, and a count the obt 	te of Florida. Such change was at	ithorized by the cornors	poration submits this statement for the purpo ation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	igations of, Section 607.0505, Floi	ida Siaiules.	× 02.	24-1997
Signa un typhid o printed name Of rigistered a		Registered Agent signature requ	red when reinstating) Dr	ATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME BADELITA, DAN	[] DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS 2531 NORTH 26 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD F£ 33020		1.4 CITY - ST - ZIP		
TOTLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS CHY+ST-ZIP		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TILE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City-S1-Z2	Dri Fff	3.4. CiTY+ST-ZiP		Channa L Addition
TITLE NAME	DELETE	4 1 TITLE 4. 2 NAME		Change Addition
SIREFT ADDRESS		4.2 NAME 4.3 STREET ADDRESS		ļ
CHY-ST-ZP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME:		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
TOTE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAM:	- PETER	6.2 NAME		Li oningo Lii nasitton
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-S1-Z61		6.4 CITY-ST-ZIP		

1. 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 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:

PLOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.24.927

954-926-7809 Daytime Phone #