## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**CORPORATION** ANNUAL REPORT

1997



Ben Polilo

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

4/22/97

(954) 752 - 2754

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000085698 (4)

Principal Place 11032 N.W. 5TI CORAL SPRING	H COURT	Mailing Add	iress	Deer			
COHAL SPRING	IS FL 33U/I	CORAL SPRIF	NGS FL 33071	-6150		3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1996	
	lace of Business	2a. Mailing /	Address			4, FEI Number Applied Fo	
Sulte, Apt. #, etc.		26] Suite Ap	Suite Apt. #, etc.			\$8.75 Addition	
22		27				5. Certificate of Status Desired Fee Required	
City & State	ė	City & St.	ale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.03	32,
25 29 29 9. Name and Address of Current Registered Age				30			
ROB	ELO, J B			81	Namo	·	
	32 N.W. 5TH COURT			82	Street	eet Address (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33071		83				<del></del> -
				83	<u> </u>		
				84	City	y FL 85 Zip Code	
agent. Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	m familiar with, and accept the of Signature, typed or printed name of regions:	oligations of, Section (	607.0505, Flo	Hogistriad Ag.   13.   13.   13.   12. NAME   1.3. STREET   1.4. CRY - S.   2.1. TITLE   2.2. NAME	s.  ADDRESS 11-71P	CORAL Springs, FL 33071	2 ddition
STREET ADDRESS City-St-Zip				2.3 STREET 2.4 City-1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE			3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS	Change Ad	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4.1 Trile 4.2 NAME 4.3 STREET 4.4 C/TY-S	ADDRESS	Change Ad	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETÉ 5. 5. 5.			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S	ADDRESS		ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETH 61 62 63			611 TUE 62 NAME 63 STREET 64 CTY-S	ADDRESS 1-ZIP		dition
14, I do heret Informatio I am an of	n indicated on this annual report	or supplemental annu i or the receiver or tru	ual report is tri ustee empowe	y for the exe ue and accu pred to exec	mption irate an	on stated in Section 119.07(3)(1), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath his report as required by Chapter 607, Florida Statutes; and that my name	h; that