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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101337 (9)

LAW OFFICES OF EILON KRUGMAN-KADI, P.A.

Frincipal Flace of Business Mailing Address
824 E. UNIVERSITY AVENUE 824 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601 GAINESVILLE FL 32601-5507

## FILED Apr 10 1997 8:00am Secretary of State



GAINESVILLE FL 32601			GAINESVILLE FL 32601-5507				
					3. Date Incorporated or Qualified 12/16/1996	3a. Date of Las	st Report
2. Principal f	lace of Business	2a. Mailing Address			4. FEI Number	'	Applied For
21		26	26		59-3420426		Not Applicable
Suite, Apt #, etc. 22		Suite, Apt. #, etc.	<del> </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Country 30		<ul> <li>f. This corporation has liability for intangible tax under s. 199.032,</li> <li>x Florida Statutes</li> <li>x Yes □ No</li> </ul>		
Z.H	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	platered Agent	
824	igman-kadi, eilon e. University avenue Nesville fl 32601		8:	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
			8-	City		FL  85   2	Zip Code
11. Pursuan office or agent 1.	to the provisions of Sections 607.0 registered agont, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Florida St ate of Florida. Such change w oligations of, Section 607.0505	atutes, the abovas authorized to Florida Statuti	ve-named corpora by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept		ng its registered t as registered
SIGNATURE	Segnature, typed or proted name of registered	agent and title if applicable.	(NOTE Registered A	geni signalure requ	ired when reinstating)	DATE	
12.	OFFICE RS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE	1.1 TITLE			L Chan	nge 🗀 Addition
NAME	KRUGMAN-KADI, EILON		1.2 NAM				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
C(TY - \$1 - 2IP	GAINESVILLE FL 32601		1.4 CITY			. I Ohan	na I kalibra
TITLE		☐ DELETE				☐ Chan	nge L Addition
NAME			2.2 NAM				
STREET ADDRESS	i			ET ADDRESS			
CITY-S1-7IP		DELETE	2. 4 CITY 3.1 TITLE			Char	nge Addition
TITUF NAME		La vicin	3.2 NAM				
				ET ADDRESS			
STREET ADDRESS	·		3.4. CITY	i			
CHY+ST-ZIP TITLE		☐ DELETE				Char	nge 🔲 Addition
NAME		_	4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CHY-SI-ZIF			4.4 CiTY				
THE		☐ DELET <b>e</b>				Char	nge 🔲 Addition
NAME			52 NAM	£			
STREET ADDRESS			5 3 STRE	ET ADDRESS			
CITY - ST - 2IF			5.4 CiTY	[			
TITLE		☐ DELETE				Char	nge 🔲 Addition
NAME			6.2 NAM	[			
STREET ADDRESS	5		6.3 STRE	ET ADDRESS			
CHY-ST-ZIF			6.4 CITY	-SY-ZIP			ļ
4 4 1 1 1 1 1 1	. b	alied with this files does not a			od in Section 119 07/3Vi). Florida Statute	e I fuethor cortifu	that the

14. 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:

SIONAYURE AND TYPED ON PRINTED NAME OF SKINING OFFICER ON DIRECTOR

352-376-0006

Daytime Prione 4 0008357