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 CORPÓRATIONS

1997

DOCUMENT # S06099

(3)

PHANK CORRADO & ASSOCIATES, INC.				
Principal Place of Business	Mailing Address			
P O BOX 2218	PO BOX 30062			

FILED Mar 28 1997 8:00am Secretary of State



Principal Place of Busin P O BOX 2218 BOCA RATON FL 33427	PO BOX 3006	Mailing Address PO BOX 30062 PALM BCH GDNS FL 33420-0062 US								
					3. Date Incorporated or 10/16/1990		Date of Last R 04/17/1996	eport		
2. Principal Place of B	usiness n	• 2a. Mailing Ad	idress	····		4. FEI Number			oplied For	
21 1448 HAK	BOUL POINT DA	(1)E 26				65-0231982			ot Applicable	
Suite, Apt #, etc 22		Suite, Apt.				5. Certificate of Status	Desired	•	Additional equired	
City & State 23 NOLSA PALA	Read		City & State 28 Zip Country				6. Election Campaign Financing Trust Fund Contribution 3.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
23 NOLSA TACA	Country	28 Zip								
24 FL	25 334.8	29	3	⊸ `	,	Florida Statutes		No	. 199.032,	
	me and Address of Curr					10. Name and Address		·· ············		
CORRADO,	FRANK L.			81	Name					
780 JEFFR				82	Street A	ddress (P.O. Box Number is N	occeptable	-,		
BOGA RAT	DN 33487			<u> </u>	144	9 HAR BOOK 7	Former De	ine		
				83	1 .					
				84	City	Ju Res		85 Zip	Code	
11 Descript to the pro	vicione of Sections 607.0	602 and 607 1509 Fir	wide Statutes	the abou	/Vo	corporation submits this statement	ant for the number	o of changing i	te registered	
	ypen or protect name of registered				gent signature	oration's board of directors. I he required when reinstating? ADDITIONS/CHANGE	DAT S TO OFFICERS A	E AND DIRECTOR	S IN 12	
TITLE D			DELETE	1,1 TITLE			4	Change	Addition	
NAME CORF	RADO, FRANK L.			1.2 NAME	· [1448 HARBOU. NOLER PALM	e foint	DEIVE		
	EFFRY 97:			1.3 STREE	T ADDRESS	1 0.	4.	<i>.</i>		
	- RATON FL-			1.4 CITY-	ST-ZIP	NOLER TALM	JEAUL /	2 334	08	
THEF		Ц	DELETE	2.1 TITLE	ì			<u> </u>	Addition	
NAME				2.2 NAME	ļ.					
STREET ADDRESS				1	T ADDRESS					
DITY-ST-ZIP TITUE			DELETE	2 4 CITY 3 1 TITLE				Change	Addition	
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STREET ADDRESS				3.3 STREE	ET ADDRESS					
City - St - ZIP				3.4. CITY	-ST- <i>TI</i> P					
101.1	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAM	E					
SIRFET ADURESS				4.3 STREE	T ADDRESS					
CITY - S1 - 20P			DEL ESC	4.4 CITY						
THEF		U	DELETE	5.1 TITLE	i			Change	Addition	
NAME				52 NAME	1					
STREET ADDRESS				B	ET ADDRESS					
City · ST - 7iP			DELETE	5.4 CITY- 6.1 TITLE				☐ Change	Addition	
11156								A.m. 60	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME			oret it	I	ſ					
NAME STREET ADMINISTS		U	orec in	6.2 NAME	:					
NAME STREET ADDRESS CITY+SE-7IP				6.2 NAME	ET ADDRESS					

information included on this animal report of suppliemental arimal report is true and accurate and that my signature shall have the same legal effect as it made under of a man officer or director of the corporation or the peceiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: