FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU	MENT # S324	37 (3)							
1. Corporation Name RUSSO HOLDINGS INC.									
	TOESINGS INO.								
Principa! Place of Business Mailing Address									011
C/O ROBE 2001 N ST			C/O ROBERT RUSSO 2001 N STATE RD 7						
MARGATE		MARGATE FL 33063							
						3. Date Incorporated or Qualified 02/15/1991	3a. Date of 03	Last A 17/1/	
2. Principal Pla	ace of Business	2a. Mailing Address	, Mailing Address			4. FEI Number		<u></u>	Applied For
21	1 -4-	26				65-0243817			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State	ı '			Election Campaign Financing Trust Fund Contribution	П		0 May Be
Zip	Country	Zip	Country			8. This corporation has liability for			d to Fees 199.032,
24	25 Name and Address of Curre	29	30				□ No		
	g. Name and Address of Curre	ant Registered Agent		81	Name	10. Name and Address of New F	legistered Ag	ent	
RUSSO, ROBERT						/DO D N	-:		
6220 NW 77 TERR				82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
PARKLAND FL 33067				83					
				84	City		Pi	B5 Zij	o Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s. the abov	/e-na	amed corpo	oration submits this statement for the pu	FL roose of chang	ino its r	egistered office
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	orida. Such change was authorize	ed by the co	orpo	iration's boa	ard of directors. Thereby accept the app	ointment as rec	gistered	agent. I am
SIGNATURE _									
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · ·		Agent	signature requin	ed when reins alting)	DATE		
12.	D OFFICERS AI	ND DIRECTORS	13.		—r	ADDITIONS/CHANGES TO OFF			
11"LE	-	☐ DELETE		1. 1 TITLE			LJ	Change	Addition
NAME		RUSSO, ROBERT		ME	1				
STREET ADDRESS	6220 NW 77TH TERR		1.3 STREET ADDRESS						
CHY-ST-ZIP	PARKLAND FL		1.4 CIT	Y - ST	- ZIP				
THILE		□ DELETE	2. 1 TIT	LE				Change	☐ Addition
NAME			2.2 NA	VE					
STREET ADDRESS			2.3 STR	REE1 #	ADDRESS				
CITY - ST - ZIP			2.4 CIT	Y - \$T	- ZIP				
TITLE		☐ DELETE	3. 1 TIT	LΕ				Change	☐ Addition
NAME			3.2 NAM	ME					
STREET ADDRESS			3.3. \$TI	REET.	ADDRESS				
CITY-ST-ZIP			3.4 CIT	Y - ST	-ZIP				ļ
117LE		☐ DELETE	4. 1 TET					Change	☐ Addition
NAME			4.2 NAM	ME					
STREET ADDRESS			4.3 \$TR	REETA	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-S1	-ZIP				
TITLE		☐ DELETE	5. 1 TIT		-			Change	Addition
NAME			5.2 NAM	ME				-	
STREET ADDRESS					ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this angual 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 porporation or the receiver or trustee amnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or changed, or on an attachment with an agreess.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE: 2

CITY - \$T - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change Addition