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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 🌶

Secretary of State

	MENT # <b>\$4778</b>	34 (1)	CORPORATIONS	:	
PROPRI	NT & GRAPHICS BY FEL	L, INC.			
Principal Place of Business 1441 NORTH PALM AVENUE PEMBROKE PINES FL 33026		Mailing Address 1441 North Palm Avenue Pembroke Pines Fl 33026-3228		i idauidin ill anem faatu ibdat ibili dini dibin bibli alati alati alati alati alati alati alati	
				3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 05/01/1996
		2a. Mailing Address		4. FEI Number 65-0271434	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	la .	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199,032,
24	25	[29]	30		Yes No
EEI	<ol> <li>Name and Address of Cur</li> <li>PANELA</li> </ol>	rrent Hegistered Agent	81 Name	10. Name and Address of New R	,
1441 NORTH PALM AVENUE PEMBROKE PINES FL 33028  82 Street Address (P.O. Boy Number is Not Acceptable) PEMBROKE PINES FL 33028					
11. Pursuant	to the provisions affections 60A	0502 and <b>607</b> .1508, Florida Stati	B4 CD2	FMBROKE PINES corporation submits this statement for the	FL 85 Zip Code L
office or agent Fa SIGNATURE	Luces	90	s authorized by the cor- lorida Stalutes.  OTE Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby accurately accurately the province of the poration of the p	L 4-97
.12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
Title	D	DELETE	1.1 TITLE	OWNER	Change Addition
NAME	FELL, S. CRAIG 1441 N. PALM AVENUE		1.2 NAME	5. CRAIG FELL	الم الم
STREET ADDIESS	PEMBROKE PINES EL		1.3 STREET ADDRESS 1.4 City-SJ-Zip	1441 M. PALM AUENA DEMBROKE PINES	EL
HILE	0	DELETE	2.1 TiTLE	DIRECTOR	Change Addition
NAME	FELL, PAMELA		22 NAME	DAME ELA CELL	
STREET ADDRESS.	1441 N. PALM-AVENUE PEMBROKE PINES FL		2.3 STREET ADDRESS	1441 M PALM AUE	NUE
City-St-Zir TiftE	PEMBRUAE PINES PL	DELETE	2 4 CHY-ST-ZIP 3.1 THLE	PEMBROKE PINE	Change Addition
NAME		C. Dictio	3.2 NAME		C Change Z Abdition
STREET ADDRESS			3.3 STREET ADDRESS		
City - St - 7IP			3 4 CITY-ST-ZIP		
THEF	The second secon	☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY - \$1 - ZIP	/ / / / / / / / / / / / / / / / / / /	Therese	4.4 C(TY-ST-ZIP		Charles D. Addison
1 HILE Contra		DELETE	5.1 TITLE		☐ Change ☐ Addition
WAME STORES			5 2 NAME		Î
STREET ADDRESS			5.3 STREET ADDRESS 5.4 City-St-Zip		
THE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STAFLE ALURI 98			6.3 STREET ADDRESS		
-CITY-ST ZIP		1	6.4 CITY-ST-ZIP		
14. I do hera	by certify that the information sup	plied with this filing does not au	alify for the exemption a	stated in Section 119.07(3)(i), Florida Statu	tes. I further certify that the

1. I do hereby certly that the information supplied with this fifting closs not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes, I further certify that the information indicated on this annual report of applicable 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 convictation of the receiver ortrustee protypered 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 attacherent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97 (954) 435-1710

**FILED** 

Apr 23 1997 8:00am

Secretary of State

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