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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		DIV	Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
• Corporat	JMENT tion Name	# S4813	•	5)		***************************************			
BAMB	oo lands	Caping & Main	TENANCE INC.				 	i Bidil Bidik Bidil Diğir Bidik Bidik Bidi	ì
Principal Pla 4785 NW 10 BAY #31 SUNRISE FL		s	Mailing Address 11940 NW 29TH PL SUNRISE FL 33323-1544 US						
US							3. Date Incorporated or Qualified 04/25/1991	3a. Date of Last Report 04/26/1996	
2. Principal	Flace of Busi	ness	2a. Mailing Ac	idress			4. FEI Number 65-8292165	Applied Fo	
	ot #, etc.	T	Suite. Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & St	tale	No.	City & Sta	te			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country Zip 25 29			3	Countr	у	8. This corporation has liability for		
	→ 9. Name	and Address of Curr	ent Registered Ager	it			10. Name and Address of New Ro	gastered Agent	
	ODDS, ANAT				61	Name			
12940 NW 29TH PLACE					82	Street Ac	ress (P.O. Box Number is Not Acceptable)		
St	ÙNRISE FL 3	3323			1				
					83	'			
					84	City		FL 85 Zip Code	
office o agent I SIGNATURI	£						orporation submits this statement for the ration's board of directors. I hereby acce		red
12.	Stgnature, type	d or printed harrie of registored a	agent and tilluilf applicable ND DIRECTORS	(NOTE !	Registered Ac	gent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
TULE	¬ P	OF TIGETIS A		DELETE	1.1 TITLE		ADDITIONS/OFFARGES TO OFFI	Change A	
NAME	DODDS,	ANAT			1.2 NAME	:			
STREET ACORES	is 11940 N	W 29TH PLACE			1	T ADDRESS			
CITY - \$1 - ZIP	SUNRISI	FL			1.4 CITY-	ST-ZIP			
THILE	7		T.	DELETE	2.1 TITLE			☐ Change ☐ Ac	ddition
NAME	DODDS,				2.2 NAME	1			
STREET ADDRES	SUNRISI	W 29TH PLACE				T ADDRESS	•		
CHY-51-ZIF	ISIMINO	E FL		DELETE	2. 4 CITY 3.1 TITLE			☐ Change ☐ Ac	ddilion
1:TLF NAME	1		L.	METELE	3.2 NAME				1,
name Street Ladores	8					T ADDRESS		(B) 11	K)
City - St - Zip					3.4. CiTY	. 1		ľΜľ	18)
TITLE				DELETE	4.1 TITLE			☐ Change ☐ Ac	daltion
NAME					4. 2 NAM	£			
STREET ADORES	is [-	4.3 STAE	et address			
CITY ST 7.F		***************************************		DELETE	4.4 CITY-		·		dd:4:~-
1111.5			L 1	DELETE	5.1 TITLE	ľ		Change Ac	מטווטג
NAME CARREST ASSESS					5.2 NAME	l l			
STREET ADDRES	55					ET ADDRESS			
CITY - ST- ZIF TITLE				DELETE	6.4 CITY-		00000213	Change A	ddilion
NAMį			L.,,		62 NAME		00000214 -04/21/97011	33006	
STREET ADDRES	ss {					ET ADDRESS	***165.00		
CITY . S1 . 7IP					•	ST-7IP			

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:

Apr 18 1997 8:00am

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