SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # S9035	66 (4)					
CAL CO	OVE CORPORATION) HARRIOTE HIS JOHN BRATA HIVAT ARKIN DI))
Principal Place of Business Mailing Address							
8340 SW 86TH TERRACE MIAMI FL 33143		8340 SW 86TH TERRACE MIAMI FL 33143					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified	3a, Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address				10/28/1991 4. FEI Number	06/19/1995 Applied For
21		26				65-0300576	Not Applicable
Suite, Apt. #	# etc	Suite, Apt #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z ₁ p		Country	,	1 Trust Fund Contribution 8. This corporation has hability for it	Added to Fees ntangible tax under s. 199 032
24	25	29	30			Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		81	T 11-1-1	10. Name and Address of New Reg	gistered Agent
	ROON, JOSEPH A. JR.			81	Name		
8340 SW 86TH TERRACE MIAMI FL 33143			82	2 Street Address (P.O. Box Number is Not Acceptable)		(e)	
				83			
				84	City		85 Zip Code
					l		<u> </u>
agent. I ar SIGNATURE	gistared agent, or bons, in the State in familiar with land accept the oblig Signates (good or probable meeting through	gations of, Section 607.050	5, Florida Si	tatutes		poration submits this statement for the pution's board of directors. Thereby accept	nate
12.	OFFICERS AT	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	P HARACH IOCEDIA ID	L. DELET	DELETE 11 TH				Change Add tion
STREET ADDRESS	Maroon, Joseph A. Jr 8340 SW 86 Terrace				ADDRESS		
CITY - ST - ZIP	MIAMI FL			4 O'TY - S			
TITLE	V	DELET		1 FIFLE			Change Addition
NAME	MAROON, JOHN M.		2	2 NAME			
STREET ADDRESS	8340 SW 86 TERRACE		2	3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL				ST-71P	Change T Addition	
TITLE NAME	S MADOON THOMAS D	L. PECCI		1 TITLE 2 NAME			Change Addition
STREET ADDRESS	Maroon, Thomas P. 8340 SW 86 Terrace				ADDRESS		
CITY-ST-ZIP	MIAMI FL			4 CITY -:			
TITLE		DELET		1 Title	5, <u>2,</u>		Change Addition
NAME			4	2 NAME			
STREET ADDRESS			4	3 STREET	ADDRESS		
CITY-ST-ZIP				4 CITY - S	ST-20P		······································
TITLE		L_] DELET		1 TITLE			Change Addition
NAME CIRCUITATION CONTRACTOR				2 NAME	4.51555-325		
STREET ADDRESS CITY-ST-ZIP			1		LADDRESS		
TITLE		DELET		4 City 5 1 Title	21 (11"		Change Addition
NAME				2 NAME			
STREET ADDRESS					F ADDRESS		
CITY-ST-ZIP				4 CiTy - S			
14. I do hereb	y certify that the information supplied	ed with this filing is voluntar	ily furn she	d and	does not qui	alify for the exemption stated in Section 1 and accurate and that my signature sha	19 07(3)(k) Florida Statutes T

SIGNATURE: ___