CORP ANNU	ROFIT PORATION AL REPORT	1	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORF	NT OF STATE rtham State	Amended Ampropries Report	\$61.25
	MENT # 595	7822			96 DEC -9 AM 9:51	
1. Corporation	Name 7 273				SECRETARY OF STATE TALLAHASSEE, FLORIDA	•
· Hol'	lywood Page				ALLAPIASSEE, TEORISM	
Principal Place	of Business South St. Rd		POBOX	5056		
' ' '	wood PL 330	i		FC33083	3. Date Incorporated or Qualified 3a. Date of Last	Report
Honyu	1 C 53U	メ コ	(3011) 0000	- 7,000	Nov. 22, 1991	
	ace of Business	2a. Mail 26	ing Address		65-028861	Applied For Not Applicable
Suite, Apt.	, etc.		e, Apt. #, etc.			Additional Required
City & State		City	& State		U, Liection Campaign marking	May Be
Zip	Country	28 Zip		Country	8. This corporation has liability for intangible tax under	s. 199.032,
24	9. Name and Address of	29 Current Registered	Agent 30		Florida Statutes Yes No 10, Name and Address of New Registered Agent	
	ED PIZI	0		81 Name -	TED PIZIO ress (P.O. Box Number is Not Acceptable)	
	9627 NU	128h		83 (00)	01.	
	Sunrise	FC 3335	1	1001 84 City	5 Venezia Place	SCPPS C
				1 13		5590
11. Pursuant l	to the provisions of Sections	s 607.0502 and 607.15	508, Florida Statutes, I	he above-named corp	oration submits this statement for the purpose of changing	its registered s registered
	o the provisions of Sections egistered agent, or both laminar with and the sections of the section of the secti		508, Florida Statutes, I uch change was authorida ction 607,0505, Florida	Statutes.	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment as	its registered s registered
	m familiar with, and account	edistered agent and title if appl	Stron 607.0505, Florida TED Icable (NOTE R	Statutes. PIZIO DO polistered Agent signature requi	PSI DENT 10/2/46 Ted when reinstating)	
agent. I a	m familiar with, and account	the companions of, Sec	Stron 607.0505, Florida TED Icable (NOTE R	Statutes. PIZIO Opisiered Agent signature requi	12/5/6/ TWYD 12/9/6	
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21			2a. Mailing Addres	SS				4. FEI Number 0366471	٠	A	oplied For
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24	9. Name and Address	016	20	30	Country		['	B. This corporation has liability for in Florida Statutes	tangible ta	x under s. No	199.032,
J			legistered Agent		81	Name	10	Q. Name and Address of New Reg	stered Ag	ent	
	PAUL NORMAN	i			82	Street A	ddress	(P.O. Box Number is Not Acceptable			
1	121 N. TAMIAMITE	AIL			83			O BOX NUMBER IS NOT Acceptable	·) 	·	
) 1 	NOKOMIS, 52 3	1275				City		··· <u></u> ·			
11. Pursuan			nd 607.1508. Florida 5	tatutes the					FL	85 Zip C	ode
agent.	am familiar with, and accept	the State of F the obligation	lorida. Such change in sof, Section 607,050	vas authoriz 5, Florida St	ed by that	he corpor	ation's t	on submits this statement for the purposed of directors. I hereby accept the	ose of charge appointment	anging its r nent as req	egistered gistered
SIGNATURE	Signature, typed or printed name of r	egistered agent and	d title if applicable.	(NOTE: Registe							
12. TITLE	PAKIDENT/TEASU	CERS AND DI	IRECTORS DELET	13	3.			ADDITIONS/CHANGES TO OFFICE	RS AND D	BECTORS	IN 12
NAME	JOSEPH A. MENDOLER	Ā	N PETER	1	TITLE NAME	Ŧ	W	b. Wartadin			Addition
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TITLE	VICE-LESIDENT/SECTE		DELETI		CITY-ST-			MAIFL			
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14. I do hereby	y certify that the information i	supplied with	this filing is voluntarily	furnished a	TY-ST-ZIF	s not our	lifu for #	e exemption stated in Section 119.0			
made unde	er oath; that I am an officer o	tied on this ar	nnual report or supple te corporation or the re	mental annu	al repo	rt is true	and accu	e exemption stated in Section 119.0 urate and that my signature shall have cute this report as required by Chap	7(3)(k), Fic e the sam	rida Statut	es. I
	1 1 1	ock 13 if chan	ged, or on an attachn	ent with an	address	s.	u IO ⊕X⊕(, it is independent	ci Oir, ric	mua statui	ies; and
SIGNATU	JREK buckt	Meur	alux Ita	₹ 6 ₽ H	1/1	MEA	1140	CPA 11-8-9	, 9	41-4	४५-
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