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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$98557

FIRST AND TEN, INC.

Principal Place of Business

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Mailing Address

**FILED** Apr 29 1997 8:00am Secretary of State



P.O. BOX 5224 FT. LAUDERDALE FL 33310		P.O. BOX 5224 FT. LAUDERDALE FL 3331	P.O. BOX 5224 FT. LAUDERDALE FL 33310-5224				
					3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last R 04/26/1996	eporl
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26			65-0301477	No	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Dosired	\$8.75	Additional
22		27			b, Certificate of Status Desired	Fee Re	quired
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for i		199.032,
24	25	29	30			Yes No	
	9, Name and Address of Cu	urrent Registered Agent		.1 7	10. Name and Address of New Re	gistered Agent	
	HAREK, DENNIS		8	1 Name			
	N.W. 69TH STREET		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
marria <b>Fi.</b> Swit	LAUDERDALE FL 33309		8	3		· · · · · · · · · · · · · · · · · · ·	
			<u>-</u>	4	·		
	4		8	4 City		FL 85 Zip (	Code
11. Pursuant office or r agent I a	to the provisions of Sections 607 egistered agent, or both, in the l m familiar with, and accept the c	7.0502 and 607.1508, Florida Statu Slate of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the abo authorized to lorida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing it It the appointment as	s registered registered
	Signature, typed or printed name of register		1L Flegistereo A	gent signature requ	uired when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC		
TITLE	D. CHOLLEDER DEPUBLIC	☐ DELETE	1.1 TITLE			Change	Addition
NAME	KUCHAREK, DENNIS		1.2 NAMI				
STREET ADDRESS	P. O. BOX 5224 N/A		1,3 STRE	E1 ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY	ST-ZIP		······································	<u></u>
TITLE	18	☐ DELE1E	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAMI				
STREET ADDRESS			2 3 STAE	ET ADDRESS			
CITY-ST-ZIP			2 4 CHTY	-SI-ZIP		·	
TITLE		☐ DELETE	3.1 TITLE	l		Change	Addition
NAME			3.2 NAMI	[			J
STREET ADDRESS			3.3 STRE	ET ADDRESS			
C(TY-ST-ZIP	······································		3.4. CDY	-SI-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	L. Addition
NAME			4.2 NAM	IE )			Ì
STREET ADDRESS			4 3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 C(TY	- ST - ZIP			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAMI	E			
STREET ADDRESS			5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CD Y	-S1-ZIP			
TITLE		☐ DELETE	6.1 YITLE			Change	☐ Addition
NAME			6.2 NAMI	: ]			
STREET ADDRESS			6.3 STRE	ET ADDRESS			Í
CITY-ST-ZIP			64 CTY	-ST-ZIP			
24 ( )	732 24 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	to be an in the second of the			1: 0 : (40.07/01/2) 5: (4.01.4.4	1 2 31 32 32 32 32	

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 is 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of 13 if changed, or on an attachment with an address.

(954) - 974 - 3070