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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

			# V20642 DITIONING, INC.	2 ((7)									
Principal Place of Business Mailing Address									1000 044040 01414 0		Elek oloh oloh a	ANII BIRIN		
4200 EMPIRE WAY GREENACRES FL 33463					4200 EMPIRE WAY GREENACRES FL 33463-4674									
·								03/11/1992 06/1			te of Last Report 14/1996			
$\overline{}$	Principal Place of Business				2a. Mailing Address			17	4. FEI Number 65-0323689			-	plied For	
Suite, Apt. #, etc.				Suite. Apt. #, etc.								t Applicable Additional		
22			├ ─┐	27				Certificate of Star	tus Desired		Fee Re			
City & State				City & State				6. Election Campaig	n Financing	\$	5.00	May Be		
23				28		<u></u>			Trust Fund Contri	bution		Added t		
	ip	Country		<u></u>	Zip		Country		8. This corporation has liability for intangib					
24		O Nome	25 and Address of Curre	nt Bogistered Age		30			Florida Statutes 0. Name and Addr		Yes No			
	CILAI			III negistered Age		81	Name		U. Name and Addr	ess of Ivem Het	Jistereu Ageri			
SIMMONS, MICHAEL 4200 EMPIRE WAY							<u> </u>							
GREENACRES FL 33463						82	Street	Address	(P.O. Box Number i	s Not Acceptab	e)			
WILLIAM IL STOO						83			***************************************					
						84	City					Zip C	2ndo	
							,				FL 85	'		
11.	Pursuant toffice or reagent. I as	to the provis egistered ag m familiar w	sions of Sections 607.050 gent, or both, in the State ith, and accept the oblig	02 and 607.1508, F e of Florida. Such c gations of, Section 6	lorida Statutes hange was au 807.0505, Flor	s, the abov uthorized b ida Statute	re-named y the cor s.	corpora poration's	tion submits this sta s board of directors.	lement for the particle in the	urpose of chai the appointm	nging its nent as	s registered registered	
SIGN	NATURE .													
12.		Signature, typed	or printed name of registered ag	ND DIRECTORS	(NOTE:	Registered Ag	ent signature	w bariupat a	lien reinstating) ADDITIONS/CHAN	ICES TO OFFIC	DATE	ECTOR	C INI 12	
TITLE		P	OF TOLING AIN		DELETE	1.1 10 LE		Γ	ADDITIONS/CITAIN	IGLS TO OFFIC		Change	Addilion	
NAME		SIMMON	S, MICHAEL			1.2 NAME			_			•		
STREE	T ADORESS		IPIRE WAY			1.3 STREE	T ADDRESS	37	15 woods	WALK	BIVO.			
CITY-	ST-ZIP	GREENA	CRES FL 33463			1.4 CITY-	ST-21P	LAX	L WORTH	CL 334	147			
TITLE					DELETE	2.1 TITLE		Mici	e pesiden.	}		Change	Addition	
NAME						2.2 NAME		SABR	swoods wi	MON2				
STREE	T ADDRESS					2.3 STREE	1 ADDRESS	377	worth ip	1 92 U/A	ל			
	ST-ZIP				1 perere	2. 4 CITY-	ST-ZIP	L	D SEMM			Ohanan	Addition	
TITLE	1			L.] DELETE	3 1 TITLE			retary	043		Change	AUJIIION	
NAME	* ******					3.2 NAME	T ADDRESS	227	Meadow	S DRIVE				
	T ADDRESS ST-ZIP					3.4. CITY-		1	WORTH F					
TITLE	31-211				DELETE	4,1 TITLE	31-71		worth	1.3240 <i>8</i>	,	Change	Addition	
NAME	Ì					4, 2 NAME]						
STREE	T ADDRESS					4.3 STREE	1 ADDRESS]						
CITY-	ST-ZIP					4.4 CITY -	ST-ZIP							
TITLE					DELETE	5 1 TITLE						Change	Addition	
NAME						5.2 NAME								
STREE	t address					5.3 STREE	1 Address						į	
	ST-ZIP				l per ere	5.4 CITY-	ST - ZIP	ļ				26	- A.C.	
TITLE	l			L	DELETE	6.1 TITLE						Change	☐ Addition	
NAME						6.2 NAME								
STREE	T ADDRESS					6.3 STREE	T ADDRESS							

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 compaction or the receiver or trusted 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 be address.