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COF ANNU	PROFIT RPORATION JAL REPORT 1997	Sendra Secret DIVISION OF	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	Apr 21 1	ILED 1997 8:00a1 ary of State
	MENT # V270 NAME TADDEO, P.A.)03 (5)			
8100 NE 29 S FT LAUDERDA	ग	3100 NE 29 ST FT LAUDERDALE FL 333	108-7464	Date Incorporated or Qualified	3a. Date of Last Report
				04/06/1992	03/25/1996
 , '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	#, etc.	26		65-0323479	Not Applicat \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	r intangible tax under s. 199.032,
24	9. Name and Address of C	29	30	Florida Statutes 10. Name and Address of New F	Yes No
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida Statu	83 84 City ules, the above-named co	rporation submits this statement for the	FL 85 Zip Code
SIGNATURE	XXXIII TO	o Taddled	les, the above-named co authorized by the corpor forida Statutes.	prporation submits this statement for the ation's board of directors. I hereby acc	FL rourpose of changing its register ept the appointment as registered +-14-97
SIGNATURE	Signature, typed or printed name of register	O TOURS BY AND DIRECTORS	les, the above-named co authorized by the corpor forida Statutes.		PL purpose of changing its registere ept the appointment as registered #-/4-97 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signal/b, typed or printed harve of registr	orod agent and title it appracable. (NC	### Apont signature req	Juired when reinstaling)	PL purpose of changing its registered the appointment as registered #-/4-97 DATE ICERS AND DIRECTORS IN 12
SIGNATURE	Signalure, typed or printed name of regish OFFICER TADDEO, RITA E. 3100 NE 29 ST	O TOURS BY AND DIRECTORS	les, the above-named co authorized by the corpor forida Statutes.	Juired when reinstaling)	PL purpose of changing its registered the appointment as registered
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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 it made under or I am an officer or director of the coproration 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.