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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V38547** 

(8)

1997

## **FILED** Apr 09 1997 8:00am Secretary of State

		Mailing Address 11385 N POINT DR COOPER CITY FL 33 US	026-3734		3. Date Incorporated or Qualified	3a. Date of Last Report
					05/22/1992	04/25/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0334529	Applied For Not Applicable	
Suite, Apt #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23 Zip 24	IE.	City & State		<del></del>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>+</sub> p	Cour	try	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9, Name and Address of Cu	rrent Registered Agent		<u>ат ::</u>	10. Name and Address of New Reg	listered Agent
	RCONI, ROBERT M.		ľ	Name		
13320 SW 128 ST MIAMI FL 33186			,	62 Street Address (P.O. Box Number is Not Acceptable)		е)
				33		
. "			ļ	34 City		FL 85 Zip Code
office or a agent. La SIGNATURE	Step atore, typed or perit of name of registers.	d agent and bits of applicable			poration submits this statement for the pu ation's board of directors. I hereby accep- ulted when reinstating)	DATE
12,	OFFICERS	AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICE	
TITLE	LENTINI, DIANE	☐ DELET				Change  Addition
NAME	4975 SW 148TH AVE		1.2 NA			
STREET ADDRESS	DAVIE FL			ET ADDRESS		
CHY- S1 - Zir	<b>T</b>	DELET		'-\$T-ZIP		Change Addition
NAME	LENTINI, VITO	hand sockers	2.2 NAJ			C) Change C Addition
STREET ADDRESS	4975 SW 148TH AVE			ET ADDRESS	,	
CHY-S1-ZIF	DAVIE FL		2 4 CIT	Y-S1-7IP		
HUI	\$	DELET		<del></del>		☐ Change ☐ Addition
NAME	MUZZARELLI, LINDA		3.2 NA)	IE		
STREET ADDRESS	4975 SW 148TH AVE DAVIE FL		3 3 STF	EET ADDRESS		
007+S1-20	DATIC FL			Y-ST-ZIP		
TITLE		DELETI				Change Addition
NAME :			4. 2 NA			
STREET ADDRESS				ET ADDRESS		
COLY-ST ZIF		☐ DELETI		- \$1 - ZIP		Change Addition
NAME		المام المام	5.2 NA	1		Controlling Discontinuit
STREET ADDRESS				ET ADDRESS		
CHY-ST-ZIP				-ST-ZIP		
THE		DELETI		<del></del>		Change Addition
NAME						- V- meet
			6.2 NAM	E		
STREET ADORESS				ET 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 or order of the corporation 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.

**SIGNATURE:**