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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED
Jun 02 1997 8:00am
Secretary of State

} **	MAK WW	<i>3011</i> (710	- •					
Principal Place	of Business	Mailing Address						
6 H	(BISCUS D	\vee						
MEY								
1					3. Date Incorporated or Qualified	3a. Date of	Look Bo	nod
. 50	33037				12/20/95	Sa. Date of	96	port
2. Principal Plai	ce of Business	2a. Ma ling Address			4. FEI Number	<u> </u>		olied For
21		26			165-063647	ا حرار ا		Applicable
Suite, Apt. #	etc	Suite, Apt. #, elc.					-	dditional
22 27					5. Certificate of Status Desired		ee Req	
City & State		City & State			6. Election Campaign Financing	\$	5.00 N	vlay Be
23		28			Trust Fund Contribution		dded to	
Zip	Country	Zip	Coun	itry	8. This corporation has liability for		nder s. 1	199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No		
				81 Names		agisterea Agent		
NICO	la B. LAP	ice.	L	1	sicola B. (AAU		
			Į:	82 Street Ad	ldress (P.O_Box Number is Not Accepta	ple)		
			- h	33	HIBISCUS	O_V		
				179				
			1	City VC	EY LARGO	FL 85	Zip Co	ode .037.
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the ab	ove-named co	orporation submits this statement for the		oino its	ronistered
office or rec	gistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such channe was	authorized	by the cornor	ration's board of directors. I hereby acce	pt the appointme	ont as re	egistered
	ramiliar with and accept the object		1 COL		100	12010	35	
SIGNATURE S	gnature, typed or printed name of registered as	pent and title if applicable (NC	TE: Rog stored	Agent signature red	quired when reinstating)	CATE	1 7-	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 12
	President	☐ DELETE	1.1 TiTu	E (rector	TIL CI	nangé -	Addition
NAME (Peter. J. La	aje	1.2 NAN	AE .	MICOLA 15			
STREET ADDRESS	6 141B15005	00	1.3 STR	EET ADDRESS				
CITY-ST-ZIP	LARGO	, FL 33037	1.4 CITY	/-ST-ZIP	VI TIEGO	<u> </u>		
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NAME (6 HIBISCUS	00	2.2 NAN	AE .		•		
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NAME			3.2 NAN					
STREET ADDRESS				EFT ADDRESS				
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STREET ADDRESS				ELT AUDRESS				
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NAME		the second second	5.1 NAM	ľ		11	11	7
STREET ADDRESS				EFT ADDRESS		5/1		> <i>/</i> 2
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NAME			62 NAV		9000022	17:271	า	
STREET ADDRESS				EE1 ADDRESS	-06/10/97010)38ñn9	~	
CITY-ST-ZIP				'- S1 - ZIP	00000220 -06/10/97010 ***165,00			
	certify that the information supplic	d with this filing does not qual			ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legal	s. I further certif	y that th	е

Tam an officer or director 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:

Nicola B. LAAL S/29/97 305 453 9735