FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **383427** **(2)**

1. Corporation Name

PIERSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3789 N.W. 25TH STREET MIAMI FL 33142	3789 N.W. 25TH STREET MIAMI FL 33142

3. Date Incorporated or Qualified: **06/07/1971**
3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-1351547** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PIERSON, GRANNIS C.
131 NW 207TH AV
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change [X] Addition
NAME	PIERSON, GRANNIS H		1.2 NAME	JOYNER, CINDY L.	
STREET ADDRESS	601 WREN AVE		1.3 STREET ADDRESS	4323 YOUNG ST.	
CITY-ST-ZIP	MIAMI SPRGS FL		1.4 CITY-ST-ZIP	PASADENA, TX	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, GLORIA A		2.2 NAME		
STREET ADDRESS	601 WREN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, GRANNIS C		3.2 NAME		
STREET ADDRESS	131 NW 207TH AV		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, ERIC A		4.2 NAME		
STREET ADDRESS	1341 SW 85 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, LAURIE A.		5.2 NAME		
STREET ADDRESS	6840 STEEPLECHASE DR., NW		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LETIZIA, KARIN, M		6.2 NAME		
STREET ADDRESS	4330 NW 116TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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: Gloria A. Pierson GLORIA A. PIERSON APRIL 10, 1996 (305)635-3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)