

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

**FILED**

**Feb 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000006111 (4)**  
1. Corporation Name  
**2072 CINNAMON, INC.**



Principal Place of Business: **1800 GLADES ROAD SUITE 200 BOCA RATON FL 33431**

Mailing Address: **1900 GLADES ROAD SUITE 200 BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **SAMUEL SUSI, ESQ. 551 N.W. 77th STREET SUITE 109 BOCA RATON, FL 33487**

2a. Mailing Address: **SAMUEL SUSI, ESQ. 551 N.W. 77th STREET SUITE 109 BOCA RATON, FL 33487**

3. Date Incorporated or Qualified: **01/19/1996**

4. FEI Number: **65-0635297**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: **SUSI, SAMUEL 1000 GLADES ROAD SUITE 200 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent:

81. Name: **SAMUEL SUSI, ESQ.**

82. Street: **551 N.W. 77th STREET**

83. City: **BOCA RATON, FL 33487**

84. City: \_\_\_\_\_ p 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: Regis

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE	1	<b>SAMUEL SUSI, ESQ.</b>	AND DIRECTORS IN 12
NAME	<b>SUSI, SAMUEL</b>		1.	<b>551 N.W. 77th STREET</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1000 GLADES ROAD SUITE 200</b>		1.	<b>SUITE 109</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>		1.	<b>BOCA RATON, FL 33487</b>	
TITLE		<input type="checkbox"/> DELETE	2.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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 \_\_\_\_\_

CR2E034 (10/97)